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WAVE 3 REPORT

Early Intervention Programs

October 2008

Version 2

Examining the Effects of Enhanced Funding for Specialized Programs

THE MATRYOSHKA PROJECT

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Examining the Effects of Enhanced Funding for Specialized Programs

THE MATRYOSHKA PROJECT

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The Purpose of this Report

The purpose of this report is to present selected findings from the three waves of the Matryoshka project's data collection. Wave 1 took place in October 2005 and represented the study's baseline; the data offer a picture of the programs before they fully implemented the Ministry's Accord and Service Enhancement funding. Wave 2 occurred in Fall 2006 and Wave 3 in Fall 2007.

We hope these quantitative findings will be useful to the programs by allowing them to see how they compare with similar programs in the Province and how they have changed over the three years. This information may also be used to identify strengths as well as areas for future improvement.

Quotes from client and family qualitative interviews as well as discussions with program managers are also included in this report. They are presented to provide more information about the context in which the quantitative results were observed. More in-depth analyses of the qualitative data are available in separate reports.

A disclaimer:

The experiences of these programs may not necessarily be representative of those of other similar programs. In addition, the clients who participated in the study may not be reflective of all clients in the programs.

Brief Description of the Matryoshka Project

The Matryoshka Project is part of the Systems Enhancement Evaluation Initiative (SEEI). It is a 3-year project looking at selected programs throughout the province. Its purpose is to examine the effects of the Government's new investments on the continuity of care experienced by new and ongoing clients of the system. For the purpose of this evaluation, we look at five dimensions of continuity of care: (1) timeliness of services, (2) intensity of services, (3) comprehensiveness of services, (4) coordination of services and (5) accessibility of services.

In addition, we focus on two types of specialized programs: (1) those for young people experiencing their first psychotic episode (early intervention programs) and (2) court support programs for individuals with mental illness who are involved with the justice system. This report focuses on the study's early intervention programs.

Organization of the Report

The report begins with the Key Findings. These represent highlights of our findings. They were developed through discussions with the programs participating in the project. The Key Findings are followed by more detailed descriptions of the data. For the most part, the descriptions focus on findings that were statistically significant at $p<0.05$. The appendices contain detailed tables and descriptions of the participating programs.

For the purposes of this report, we defined three region types based on the population densities of the regions in which our programs resided. These regions were categorized as: (1) metropolitan/urban region with populations of at least 3,929 people per square kilometre, (2) midsize regions were areas with populations between 200 and 450 people per square kilometre and (3) rural regions were areas with less than 100 people per square kilometre.

Key Findings

1. Over the three years, there has been an increase in the number of new clients receiving services in early intervention programs. Yet, enrolled clients have had continuity of care with regard to the services they have received.

FACTS

- In all three years, the majority of referred services had a wait period of less than 1 month.
- In all three years, clients received the majority of the services they needed.
- In Waves 2 and 3, the majority of services were matched between the intensity of current use and estimated need.
- On average, the majority of referrals for services were accepted in the three years.
- The percentage of services within 1 hour of traveling time significantly increased during the three years.
- There was an 88% increase in enrolment in Matryoshka early intervention programs between Wave 1 and Wave 2 and a 23% increase between Waves 2 and 3.

2. Clients are satisfied with their programs.

FACTS

- Enrolment in early intervention programs is voluntary and the majority of clients choose to stay. About 96% of clients who were enrolled in early intervention programs remained enrolled after their initial visit.
- In Wave 3, the average client had been enrolled in his/her early intervention program for 14 months.
- The majority of clients indicated their overall satisfaction with services was excellent.

3. Programs are serving their target populations and are able to identify them earlier in their illness.

FACTS

- The majority of clients were assessed as high functioning.
- A low proportion of clients reported experiencing positive psychotic symptoms for five years or more prior to enrolling in the program.
- The greatest proportion of clients is under 30 years old. Over the past three years, younger age groups have been accounting for a larger proportion of clients.

4. Early intervention programs also serve the family members of clients.

FACTS

- The majority of clients live with their families.
- Families reported that they experienced minimal burden with regard to their ill relative. The report of minimal burden might be related to the fact that early intervention programs have decreased the burden they experience.

5. Early intervention programs have offset the use of hospital and emergency services.

FACTS

- Compared to those in Wave 1, individuals in Waves 2 and 3 had significantly fewer hospital admissions in the past 12 months.
- Compared to Wave 1, in the past 12 months, there was a decrease in the use of emergency department services in Wave 3.

6. As early intervention programs mature, there is a question of what the future holds for their clients.

FACTS

- How should continuity of care look when clients are ready to graduate from their programs?
- In all three years, the greatest proportion of clients had no post-secondary schooling. For the majority of clients, their education was interrupted by mental illness. What are their future employment and career prospects?
- Each year, programs have enrolled more people. When will they reach capacity and when they do, how will the system be able to address it?

Background of the Matryoshka Project

In 2002/2003, the Ministry of Health and Long-term Care reviewed the results of the nine regional mental health reform taskforces. The recommendations that arose from these reports began to quantify the mental health service needs throughout the province. These reports underscored the need for additional funding for the mental health system.

In 2004/2005, the government of Ontario began investing significant new funds in the community mental health system. Through the Health Accord for Home Care federal initiative, the Ministry of Health and Long Term Care allocated $117 million over a four-year period. Ontario was the only province that dedicated Accord funding to mental health. But, the funding had important restrictions. As a requirement of funding, it had to be earmarked to target the needs of the population who would meet the criteria for homecare (i.e., those who were recently discharged from hospital and could be supported in the community). Recognizing the relationship between community mental health services and inpatient care, the Ministry invested the funds in community mental health services to support intensive case management, assertive community treatment, crisis intervention and early intervention for psychosis programs. The first allocation of $20 million was made in the summer of 2004, and a second of $50 million in the summer of 2005; additional allocations followed in 2006 and 2007.

The Service Enhancement Initiative is the result of an inter-ministerial partnership to keep persons with mental illness out of the criminal justice and corrections system. This joint funding also came with requirements. The investment had to be in programs that would produce a quick return within a 12-month period. A total of $50 million was allocated for court support programs, intensive case management, crisis intervention, supportive housing and safe beds. A first allocation of $27.5 million was made in January 2005 and a second in May 2006. Additional allocations targeted sector stabilization (base program funding increases) and new supportive housing units. In sum, between 2003/2004 and 2007/2008, community mental health program funding from the Ministry increased by over 50%.

The Mental Health Systems Enhancement Evaluation Initiative (SEEI) is a project funded by the Ontario Mental Health Foundation and supported by the Ontario Ministry of Health and Long-Term Care. The Initiative is led by members of the Health Systems Research and Consulting Unit at the Centre for Addiction and Mental Health and draws upon the support of an executive advisory committee composed of stakeholder groups. The purpose of the SEEI is to evaluate and communicate the effects of the Government's new investments. To ensure effective communication with the field, a cross-provincial mental health knowledge exchange network (OMHAKEN) has also been developed.

The Matryoshka Project

The Matryoshka Project is one of the SEEI's two Phase I studies. There were also studies funded in Phase II of the initiative. The Matryoshka project is a 3-year study that began in Fall 2005 to look at selected programs located throughout the province. Its purpose is to examine the effects of the Government's new investment on the continuity of care received by new and ongoing clients of the system. In this evaluation, we look at five dimensions of continuity of care: (1) timeliness of services, (2) intensity of services, (3) comprehensiveness of services, (4) coordination of services and (5) accessibility of services.

Our Data Collection Approach

The approach the Matryoshka Project uses is based on the recognition that programs and individuals do not exist in silos. Rather, the system is like a matryoshka, the Russian stacking dolls with each layer stacking within the other, each with its own face and personality but each a part of a larger puzzle that comes together to create a whole. At the core is the client who is surrounded by the program. In turn, the program is surrounded by the system in which it exists; this local system is not solely composed of community mental health programs but also partners such as the legal, educational and social service systems. The individual community systems exist within the regions and the regions within the Province and the Province within the country.

In Wave 1, we gathered information from clients and decision makers. The decision maker group included the agency executive directors, program managers and Ministry of Health staff. There were three data collection parts. We began with client quantitative interviews that started in December 2005 and ended in March 2006. In February 2006, we began our qualitative interviews with decision makers; these interviews were ongoing until March 2006. In March 2006, we began and completed qualitative interviews with program clients.

In Wave 2, we interviewed clients, families and program managers. There were two data collection parts. We began with client and family quantitative interviews starting in November 2006 and ending in February 2007. In February 2007, we began our qualitative interviews with program managers; these interviews were ongoing until March 2007.

In Wave 3, we interviewed clients, families and a decision maker group that includes the agency executive directors, program managers and Ministry of Health staff. There are three data collection parts. We began with client and family quantitative interviews starting in October 2007 and ending in February 2008. In March 2008, we began our qualitative interviews with clients and families; the last of these interviews were completed in July 2008. In September 2008, we will begin our decision maker interviews and anticipate completing them by May 2009.

Our Focus

The Matryoshka project focuses on two types of specialized programs: (1) those for young people experiencing their first psychotic episode and (2) court support programs for individuals with mental illness who are involved with the justice system.

These two program types were selected for two reasons. First, they serve groups that are identifiable. One of the most difficult aspects of developing a mental health system that provides continuity of care relates to the fact that the individuals using the system are varied. As a result, it is difficult to identify all the services and supports that various groups need. By focusing on specialized programs, we know what group that service is targeting.

Second, a significant proportion of the new Ministry investments were earmarked for both these types of programs. This is a signal that these types of specialized programs are provincial priorities.

How We Selected Local Systems for the Study

With suggestions from our executive advisory committee and the Ministry, we selected local systems for the study by considering whether:

1. The local system had an early intervention and court support program that received funding Enhancement and/or Accord funding.

2. The local system was willing to participate in the systems evaluation and to support the associated evaluation activities.

3. We would have systems from various parts of the Province (we did not want them all to be located in the Toronto area).

How We Selected Early Intervention and Court Support Programs for the Study

With advice from our executive advisory committee and the Ministry, we selected programs by considering whether:

1. The program staff was willing to participate in the systems evaluation and to support the associated evaluation activities including data collection.

2. The program had the capacity to have at least 64 clients enrolled in the program at any one time.

3. The program was a mature program; we did not include early intervention programs that were established under a previous mandate.

4. The program was involved in another local evaluation; we did not want to intrude in ongoing data collection efforts.

How We Selected Local Systems for the Study

Study participants were recruited from participating programs. The goal was to obtain a snapshot of who was using the programs. In Wave 1, all clients who were enrolled at some time during the month of October 2005 were asked for their permission to be interviewed by a member of the Matryoshka Project's team of interviewers. The same approach was taken for Waves 2 and 3 in their respective years. This snapshot approach has the advantage of minimizing client and staff interview burden and allows for timely feedback to the programs and the Ministry.

In October 2005, 4 of our 6 participating early intervention programs were not yet in operation. They were from (1) Toronto's St. Michael's Hospital, (2) Muskoka Parry Sound Community Mental Health, (3) CMHA Thunder Bay and (4) CMHA York. By October 2006, all 6 of the programs were in operation and serving clients. Brief descriptions of the programs are included in the Appendix.

Methods

The quantitative information presented in this report represents information that we collected by interviewing clients and their families and case managers. Interviewers were recruited from each of the communities in which the programs were located. All attended a two-day training workshop that was led by a research scientist who also provides training for Statistics Canada's interviewers.

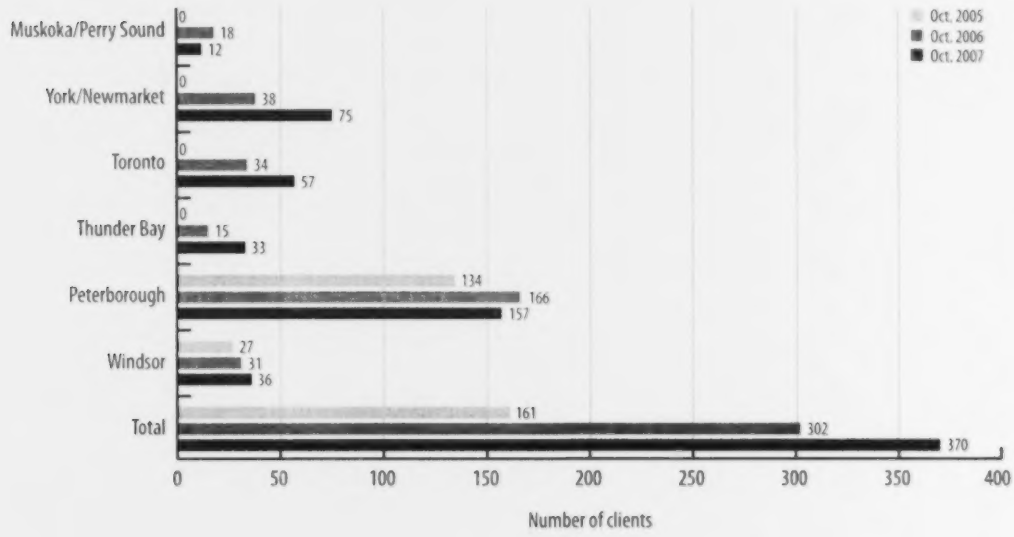
In Wave 1, 38 interviewers were trained to administer the quantitative interviews. In Wave 2, there were 35 interviewers trained and in Wave 3, there were 27. Many of the interviewers returned for all three waves. During the Wave 2 and 3 training sessions, these returning interviewers offered valuable insights and suggestions that have enhanced our training materials and the quality of the data collected.

Total Enrollment in Study Early Intervention Programs | *See Table 1*

Between Wave 1 and Wave 2, there was an 88% and a 23% increase between Waves 2 and 3 in clients enrolled in the Matryoshka Project's early intervention programs.

Enrollment in early intervention programs is voluntary and the majority of clients choose to stay. About 96% of clients who were enrolled in early intervention programs remained enrolled after their initial visit.

FIGURE 1. Total Clients Enrolled in Study Early Intervention Programs: October 2005, October 2006 & October 2007



CONTINUITY OF CARE | *See Table 2*

The continuity of care measures were calculated using the Ministry of Health and Long-Term Care's *Early Intervention in Psychosis Program Standards*. The measures focus on the services identified in the standards: case management, medical treatment, crisis services, family support, vocational/educational support, housing, self-help, social/recreational support, peer support and income support.

It should be noted that while these standards focus on health care supports and services, early intervention programs often have linkages with partners who are not from the health sector.

TIMELINESS OF SERVICES:

This indicator was calculated using the number of each client's services that were referred to other programs and the number of those services for which the referral was accepted within 30 days.

In all three years, the majority of referred services had a wait period of less than 1 month. However, in Wave 3 the proportion of services for which there was less than a one month wait differed by regions. On average, relative to clients of programs in metropolitan/urban regions, those in midsize regions waited less than one month for a larger proportion of their referred services.

Comprehensiveness of Services:

This indicator was calculated using the proportion of needed services that were being used by each client. In all three years, clients received the majority of the services they needed. In Wave 3, compared to clients of programs in metropolitan/urban regions, those in rural regions received a higher percentage of the services than they needed.

Intensity of Services:

To measure the intensity of service, we calculated the proportion of needed services for which there was a match between the amount of services needed and the amount used by each client.

In Waves 2 and 3, the majority of services were matched between the intensity of current use and estimated need. Only a small percentage of services were overused.

30-Day Gaps in Service:

A gap in service was defined as a 30-day period during which the program lost contact with a client who needed services. A greater proportion of clients in Wave 1 had at least one 30-day gap compared to clients in Wave 3. Between regions, programs in rural regions had the highest proportion of individuals with at least one 30-day gap.

Coordination of Services:

This indicator reflected the ratio of referrals that were accepted to those that were made for each client. On average, the majority of referrals for services were accepted in the three years. In Wave 3, there was a significant difference between rural and midsize regions. There was a higher proportion of referrals accepted in rural regions compared to midsize regions.

No, I thought that when I was coming to see the doctor it was just like, okay you're doing okay so I'm not going to prescribe anything new and it was the same thing every time, so then it's like; it was up to me for the appointments because the travelling time was really a lot because to take the bus it would take literally two hours.

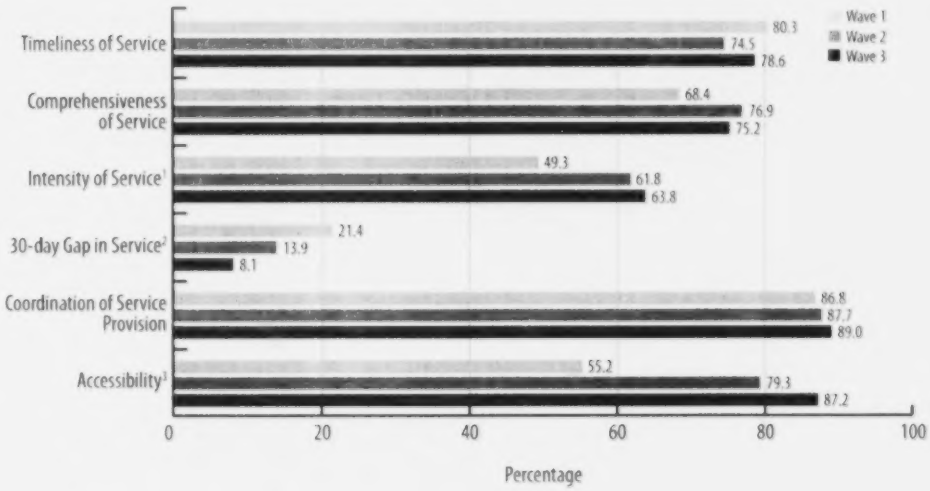
Accessibility of Services:

This indicator represented the proportion of needed services that were within a 1-hour traveling distance of where the client lived. In Wave 2, on average the majority of services were within 1 hour of traveling distance. The percentage of services within 1 hour of traveling time significantly increased during the three years.

Between regions, a significantly greater percentage of services in the program in rural regions were within traveling distance compared to the midsize regions.

They give me help with medication. They give me help with transportation. They give me help with counselling and interviews. They give me help with housing, if I get kicked out of my apartment. They give me help with a lawyer. And they, if I go to jail, most likely I'll be in a mental hospital, not jail.

FIGURE 2. Continuity of Care Measures for Study Early Intervention Programs: Waves 1, 2 & 3

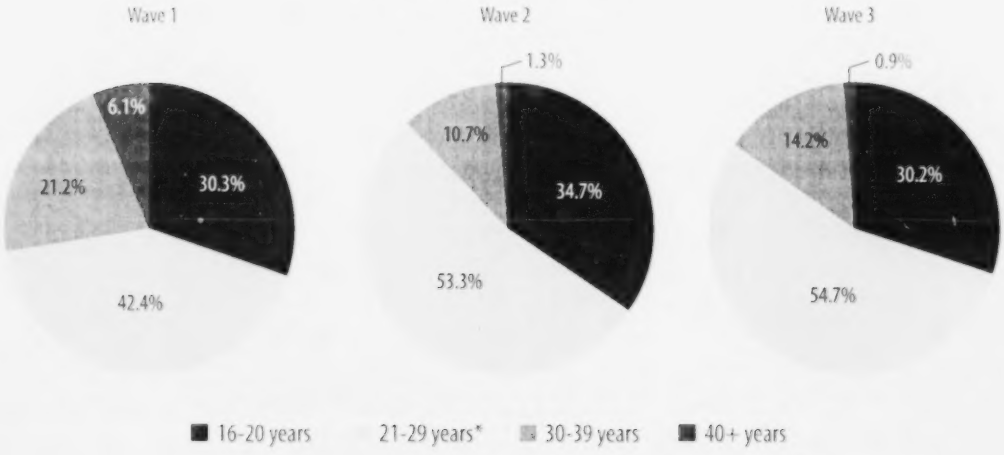


[1] Significant difference exists in percentages of services that were matched between the intensity of current use and estimated need between Wave 1 & Wave 2 ($p<0.1$) and between Wave 1 & Wave 3 ($p<0.05$).
[2] Significant difference exists in percentages of clients who had at least one 30-day gap between Wave 1 & Wave 3 ($p<0.1$).
[3] Significant difference exists in percentages of services within 1 hour of travelling time between Wave 1 & Wave 2 ($p<0.01$), between Wave 1 & Wave 3 ($p<0.01$), and between Wave 2 & Wave 3 ($p<0.05$).

Demographic Characteristics | *See Table 3*

In all three years, the majority of the clients enrolled in the early intervention program were male and never married. The greatest proportion of individuals was under 30 years old. Over the past three years, younger age groups have been accounting for a larger proportion of clients.

FIGURE 3. Age Distribution of Study Clients in Early Intervention Programs: Waves 1, 2 & 3



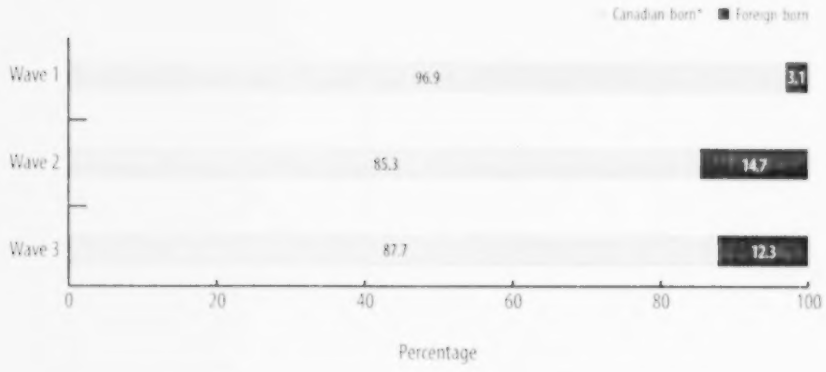
Diversity of Clients | *See Table 4*

English was the preferred language for most of the clients. The majority of clients were born in Canada and White. In addition, a significant difference was found in the proportion of individuals born in Canada by regions. A smaller proportion of individuals born in Canada were in urban/metropolitan regions. Ethnicity/race was also significantly different between regions. The lowest proportion of Whites was found in programs in metropolitan/urban regions.

It should be noted that the interviews for this study were conducted in English. As a result, clients who do not identify English as their preferred language will be under-represented in these results.

In urban/metropolitan regions, programs have a large proportion of clients who are members of visible minorities. In addition, in rural regions, programs are attracting aboriginal clients. As the cultural diversity of clients in programs increases, there will be increasing need for linkages with other providers to ensure services and supports have been culturally translated.

FIGURE 4. Percentage of Canadian-born Clients in Early Intervention Programs: Waves 1, 2 & 3



Socioeconomic Status | *See Table 5*

Employment. In all three years, a large proportion of clients had at least one job during the past 12 months. In addition, the majority of clients who were employed, worked in paying jobs. Of clients who worked, on average each held about two jobs during a 12-month period.

In Wave 3, the proportion of clients who held at least one job in the past 12 months was significantly different among regions. Programs in metropolitan/urban regions had the lowest proportion of individuals who were employed in the past 12 months or who held full-time positions.

Usual Income Source. In all three years, the largest proportion of clients reported that paid work or ODSP was their main source of income.

Average Monthly Income. In Wave 3, the reported average monthly incomes were less than $1,000.

Living Arrangements. The majority of clients live with their families. Percentages of clients who lived with their families varied across regions. In rural and fringe regions, greater proportions of clients lived with their families.

Like I said before, it helped me with my symptoms. It's helped me get back and try to look for a job, like right now I'm trying to look for a job and [my case manager] really helped me with that process and he's still helping me kind of go through the process because I've had some anxiety about looking for a job because last year before I was with this program I got a job, but my symptoms came back while I was working so I had to quit the job. — **Client**

DEMOGRAPHIC CHARACTERISTICS | *See Table 3*

In all three years, the majority of the clients enrolled in the early intervention program were male and never married. The greatest proportion of individuals was under 30 years old. Over the past three years, younger age groups have been accounting for a larger proportion of clients.

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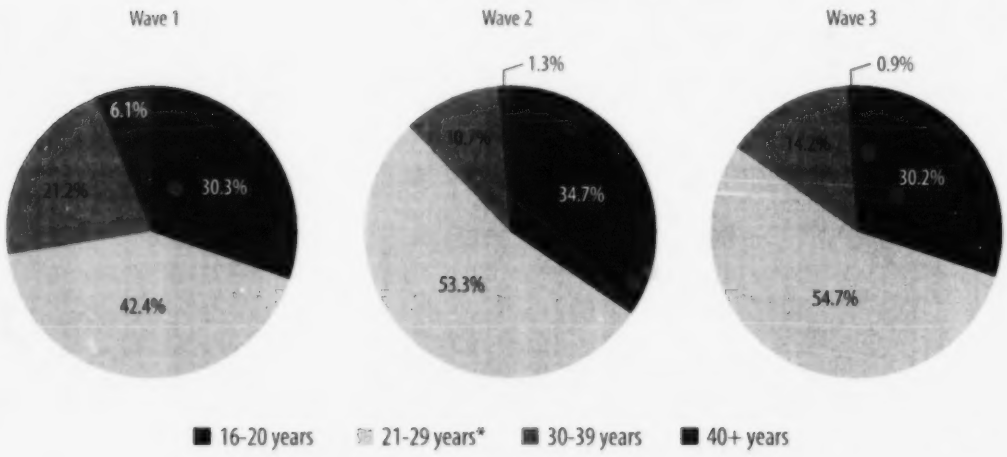

* Significant difference exists in proportions of individuals ages 30 years or younger between Wave 1 & Wave 2 ($p<0.05$).

DIVERSITY OF CLIENTS | *See Table 4*

English was the preferred language for most of the clients. The majority of clients were born in Canada and White. In addition, a significant difference was found in the proportion of individuals born in Canada by regions. A smaller proportion of individuals born in Canada were in urban/metropolitan regions. Ethnicity/race was also significantly different between regions. The lowest proportion of Whites was found in programs in metropolitan/urban regions.

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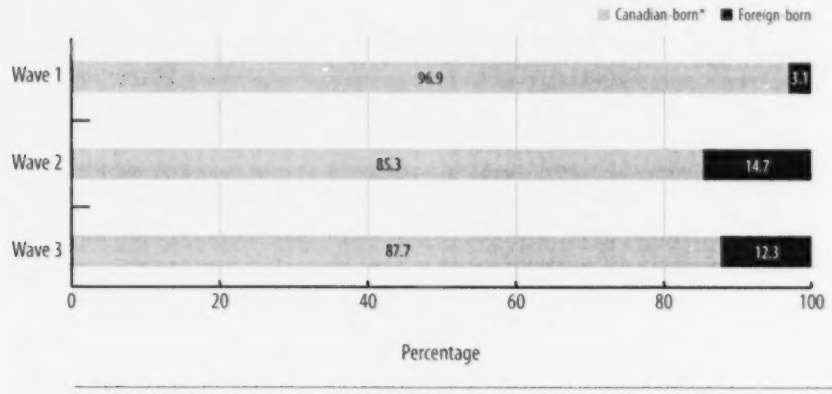
FIGURE 4. Percentage of Canadian-born Clients in Early Intervention Programs: Waves 1, 2 & 3



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SOCIOECONOMIC STATUS | *See Table 5*

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Like I said before, it helped me with my symptoms. It's helped me get back and try to look for a job, like right now I'm trying to look for a job and [my case manager] really helped me with that process and he's still helping me kind of go through the process because I've had some anxiety about looking for a job because last year before I was with this program I got a job, but my symptoms came back while I was working so I had to quit the job. — **Client**

I had to quit working when I first got diagnosed with schizophrenia. My work place wasn't very understanding of it. When I first got diagnosed I was kind of mad about it. I didn't think it was fair. I didn't want nothing to do with anybody… I thought I was going to be working full time until I would retire. I never thought I would lose my job. I lost friends. Yeah. — **Client**

FIGURE 5a. Employment Status of Study Clients in Early Intervention Programs: Waves 1, 2 & 3

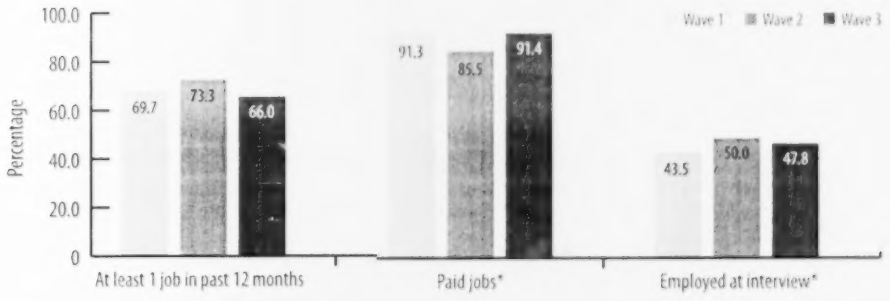
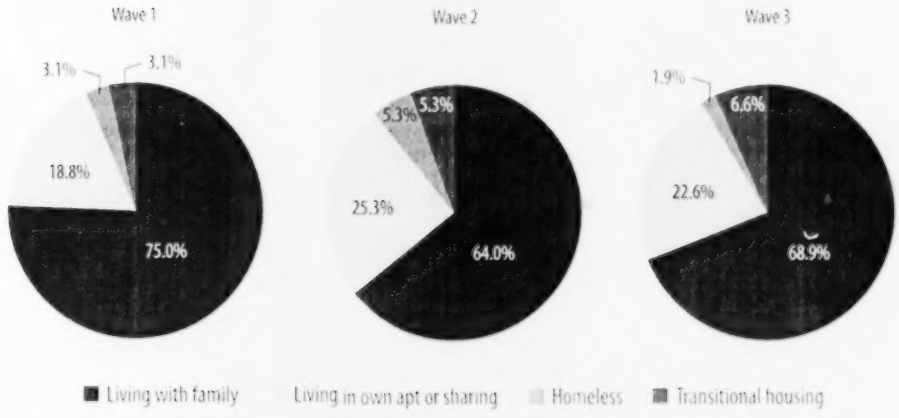


FIGURE 5b. Socioeconomic Status of Study Clients in Early Intervention Programs: Waves 1, 2 & 3



When I had nowhere to go, they paid for half of my rent to get me on my feet, and then when I wanted to move out, when I actually got kicked out of there and wanted to move to [Another city], they found me a safety house until I… It's just a house that's packed full of food, TV, bed, shower and you can stay there for a week until you get a place. — **Client**

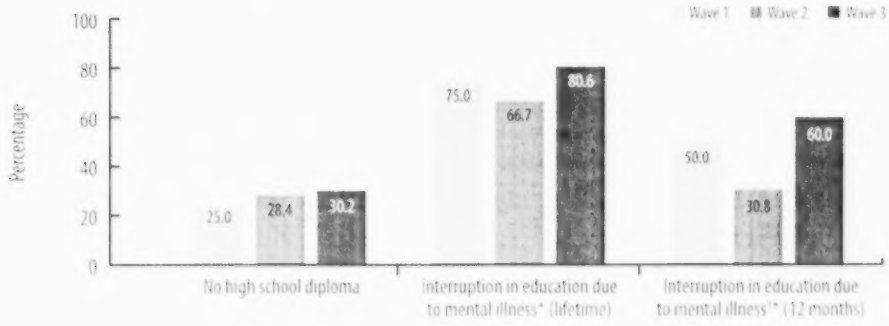
EDUCATION STATUS | *See Table 6*

In all three years, the greatest proportion of clients had no post-secondary schooling. For the majority of clients, their education was interrupted by mental illness. The majority of case managers and clients did not perceive a client need for education. This raises the question of the perceived relationship between career opportunities and higher education. How do clients view their long-term employment prospects?

Okay. How has the program impacted you? Like what kind of impacts did it have on your life?

Well, it allowed me to go back to high school and finish high school.

FIGURE 6. Education Status of Study Clients in Early Intervention Programs: Waves 1, 2 & 3



Well, they more or less, I was a problem before in school. Like I got into fights with the teachers. I wouldn't do my homework. Then after I got out of the hospital, I waited a year and I went back to school. And I did all my homework and everything has been going swell. — **Client**

I had to quit working when I first got diagnosed with schizophrenia. My work place wasn't very understanding of it. When I first got diagnosed I was kind of mad about it. I didn't think it was fair. I didn't want nothing to do with anybody… I thought I was going to be working full time until I would retire. I never thought I would lose my job. I lost friends. Yeah. — **Client**

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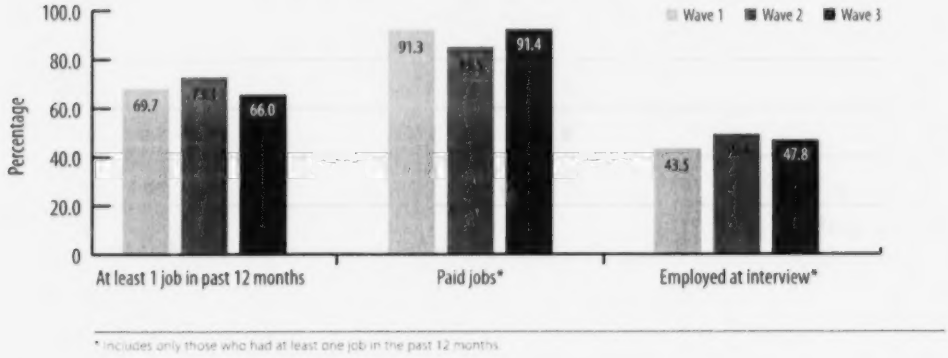
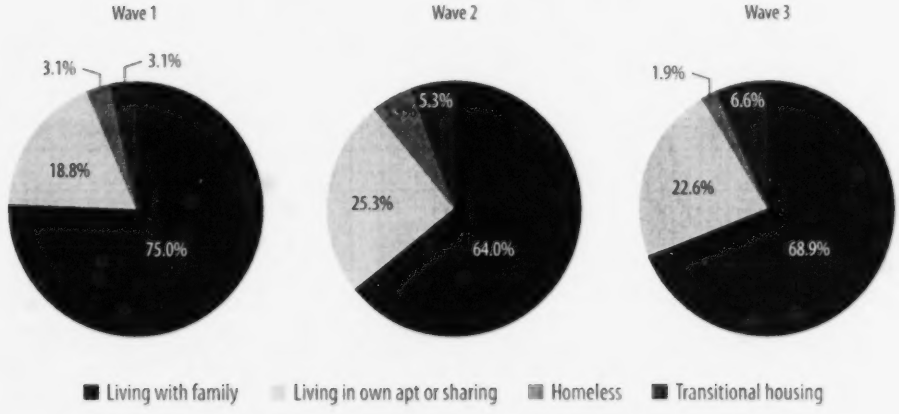


* Includes only those who had at least one job in the past 12 months

FIGURE 5b. Socioeconomic Status of Study Clients in Early Intervention Programs: Waves 1, 2 & 3



When I had nowhere to go, they paid for half of my rent to get me on my feet, and then when I wanted to move out, when I actually got kicked out of there and wanted to move to [Another city], they found me a safety house until I… It's just a house that's packed full of food, TV, bed, shower and you can stay there for a week until you get a place. — **Client**

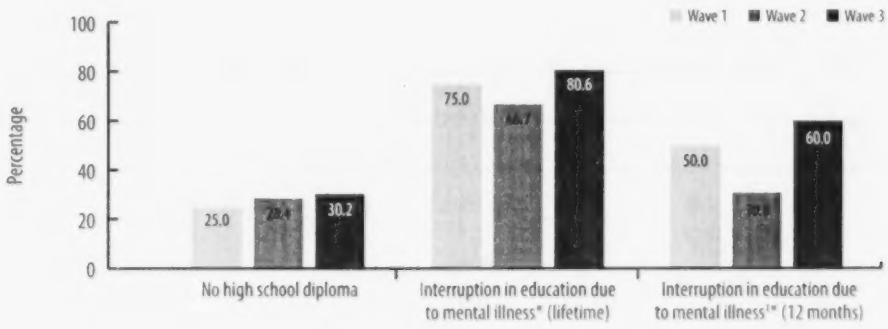
EDUCATION STATUS | *See Table 6*

In all three years, the greatest proportion of clients had no post-secondary schooling. For the majority of clients, their education was interrupted by mental illness. The majority of case managers and clients did not perceive a client need for education. This raises the question of the perceived relationship between career opportunities and higher education. How do clients view their long-term employment prospects?

Interviewer: "*Okay. How has the program impacted you? Like what kind of impacts did it have on your life?*"

Client: "*Well, it allowed me to go back to high school and finish high school.*"

FIGURE 6. Education Status of Study Clients in Early Intervention Programs: Waves 1, 2 & 3



* Includes only those who did not have a high school diploma.

† Significant difference (Fisher's exact test) in proportions of individuals who had interruption in their education due to mental illness in the past 12 months between Wave 2 & Wave 3 (p=0.01).

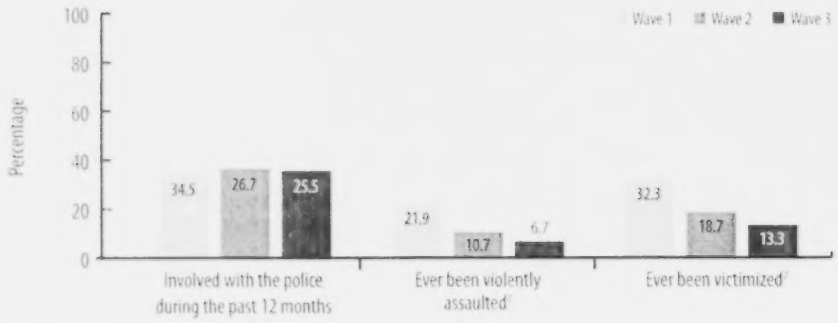
Well, they more or less, I was a problem before in school. Like I got into fights with the teachers. I wouldn't do my homework. Then after I got out of the hospital, I waited a year and I went back to school. And I did all my homework and everything has been going swell. — **Client**

Past 12 Month Police Contact | *See Table 7*

In all three years, about a third of clients had contact with the police. In the future, it will be important to understand the nature of the contact. Does the contact lead to entry into the justice system? Or, is the pathway to accessing treatment? Answers to these types of questions will help clarify where it will be important for early intervention programs to form linkages.

Compared to Wave 1, in Wave 3 there were lower proportions of assaults and victimization. In Wave 3, approximately 7% were violently assaulted and almost 13% reported they were victimized in the past 12 months.

FIGURE 7. Past 12-Month Police Contact of Study Clients in Early Intervention Programs:Waves 1, 2 & 3



When I talk to other people whose children have been mentally ill and a lot of them went undiagnosed until they got into trouble with the law. And then it would be a police officer who recognized it but then they wouldn't get that program because of whatever reason, I don't know. And they wouldn't get the help in that way, they'd do a different route cause our GP didn't know about this program either and she found out through London because she was going to, originally she had said when [my child] comes home she's going to go a psychiatrist but not a specific one like this and work her way through there. And then when she found out about this program because they faxed to her and they talked to her, she said this is much better and it's faster. I don't think all the GP's know about it. — **Family Member**

Positive Psychotic Symptoms | *See Table 8*

Experience with Positive Psychotic Symptoms. In all three years, the majority of clients reported experiencing positive psychotic symptoms. In Wave 3, a significant difference was observed in the reporting of positive psychotic symptoms between regions. The difference reflects the clients' insights into their symptoms and their engagement into treatment.

Age at First Experience with Positive Psychotic Symptoms. Of clients who reported experiencing positive psychotic symptoms, the greatest proportion experienced their first symptoms before the age of 20. The age of first psychotic experience was significantly different among regions.

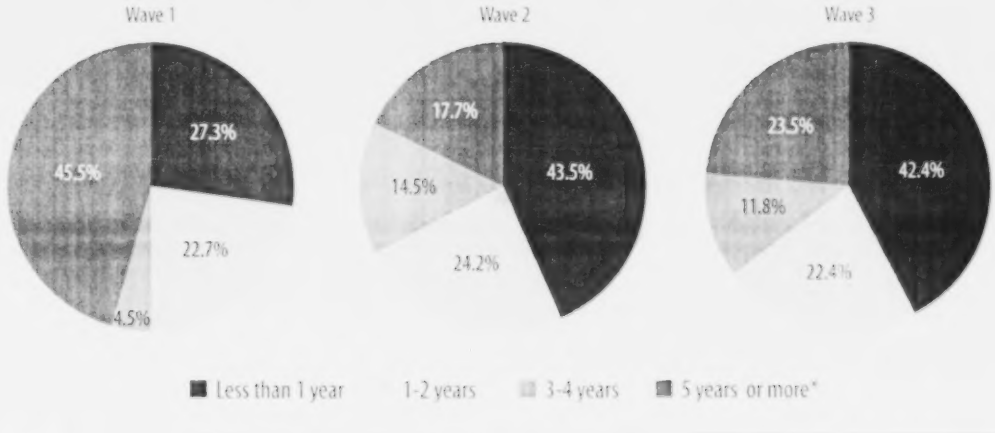
Duration of Untreated Positive Psychotic Symptoms. A significant difference was observed between duration of untreated positive psychotic symptoms and Wave. Individuals in Waves 2 and 3 had a shorter duration of untreated positive psychotic symptoms compared to individuals in Wave 1. A significantly greater proportion of individuals in Wave 1 experienced positive symptoms for 5 years or more than individuals in Waves 2 and 3.

Length of Time in Program. In Wave 3, the average client had been enrolled in his/her early intervention program for 14 months.

Referral Source. It is interesting to note that though the early intervention programs have made significant efforts to provide public education in the schools, a relatively smaller proportion of clients are referred by schools or teachers.

Rather, a high proportion of individuals were referred to the program by a psychiatrist in all three years. In Wave 3, there was a significantly larger proportion that was referred by the hospital.

FIGURE 8. Duration of Untreated Positive Psychotic Symptoms of Study Clients in Early Intervention Programs: Waves 1, 2 & 3



PAST 12 MONTH POLICE CONTACT | *See Table 7*

In all three years, about a third of clients had contact with the police. In the future, it will be important to understand the nature of the contact. Does the contact lead to entry into the justice system? Or, is the pathway to accessing treatment? Answers to these types of questions will help clarify where it will be important for early intervention programs to form linkages.

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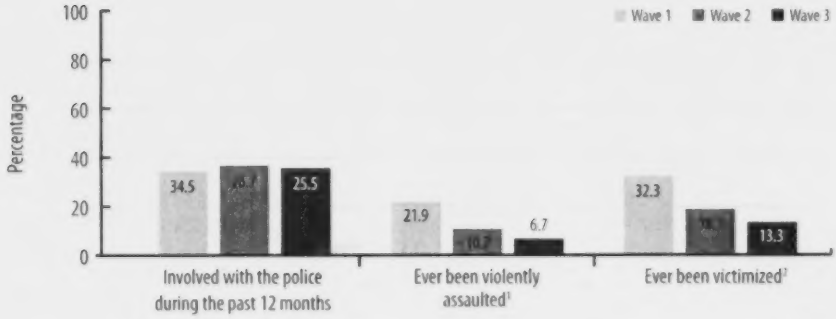

[1] Significant difference exists in proportions of individuals who have ever been violently assaulted between Wave 1 & Wave 3 ($p<0.05$)
[2] Significant difference exists in proportions of individuals who have ever been victimized between Wave 1 & Wave 3 ($p<0.05$)

When I talk to other people whose children have been mentally ill and a lot of them went undiagnosed until they got into trouble with the law. And then it would be a police officer who recognized it but then they wouldn't get that program because of whatever reason, I don't know. And they wouldn't get the help in that way, they'd do a different route cause our GP didn't know about this program either and she found out through London because she was going to, originally she had said when [my child] comes home she's going to go a psychiatrist but not a specific one like this and work her way through there. And then when she found out about this program because they faxed to her and they talked to her, she said this is much better and it's faster. I don't think all the GP's know about it. — **Family Member**

POSITIVE PSYCHOTIC SYMPTOMS | *See Table 8*

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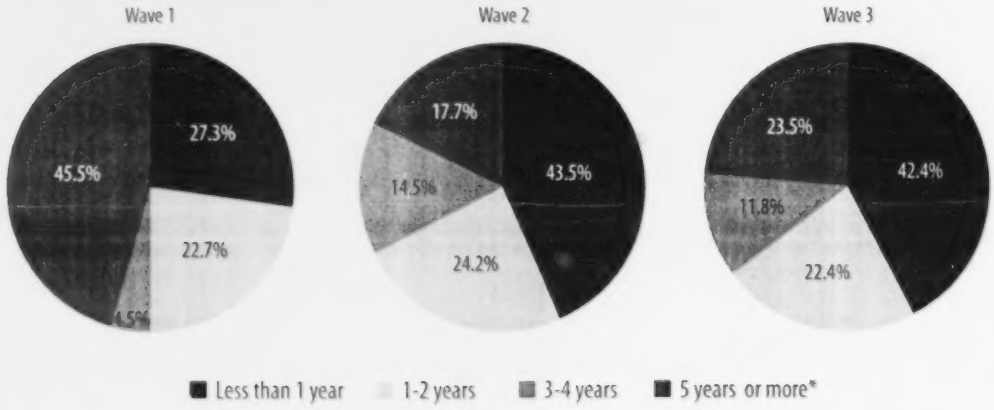


* Significant difference exists in proportions of individuals whose duration of untreated positive symptoms is 5 years or more between Wave 1 & Wave 2 (p<0.01) and between Wave 1 & Wave 3 (p<0.05).

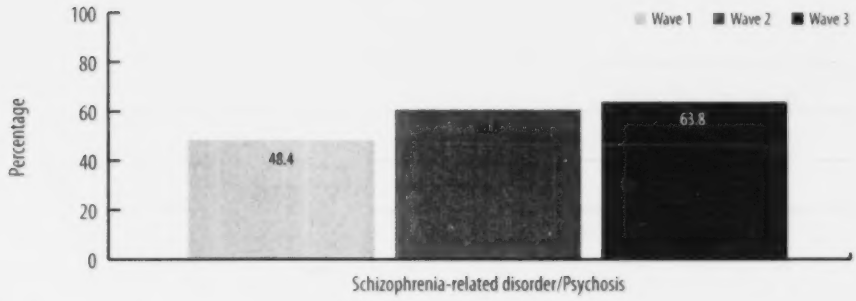
It's shown me how to cope with my illness. It's shown me how to deal with the illness and what people might interpret it as, like what stigma they have towards it. — **Client**

Well, to the family, because the things she sees and hears are under control. She doesn't scare her sisters as much as she used to. She really scared them because she had them convinced that there was people outside the house and it was pretty scary. And having somebody to talk to who understands what she's seeing, hearing and feeling because when you talk to us we've never experienced it so to us it's not normal and some to the ideas that come into her head are just way out in left field and you're just trying to learn how to deal with it. And they seem to be good at it explaining to her, okay this is what you feel now but this isn't what it is and it calms her down. It makes her not so agitated and angry. And for us it gives us a sense of okay, yes, it's not usual behaviour but it is in case studies this is what happens and this is how you deal with it. I just wish they had a support group for the kids, her younger siblings and they don't right now. They're talking about setting one up but there isn't one now. Because they're 15 and 13 and they're very frustrated with the fact that they don't understand what's going on and they have nobody their age to say, my sibling does this too, it's okay. I can say whatever I want and they just look at me like, yeah okay, you're going to say anything cause you're her mother. I'm your mother too. — **Family Member**

HEALTH STATUS INFORMATION | *See Table 9*

Diagnoses. Schizophrenia-related disorder/psychosis was the most prevalent primary diagnosis among individuals in all three years.

FIGURE 9. Health Status Information of Study Clients in Early Intervention Programs: Waves 1, 2 & 3



Concurrent Disorders. In all three years, about a third of the clients interviewed identified a need for substance use services. There was a significant difference with case manager reports. Case managers reported that about half of clients had a problem with substance use that required treatment. However, it should be noted that there may be a distinction between the types of use that requires treatment. Anecdotes suggest that the prevalence of use of substances may be higher than what would be indicated by only considering those who require treatment for their use.

Comorbid Mental Disorders. The percentage of individuals with co-morbidity was different among regions. The lowest proportion of individuals with co-morbidity was observed in programs in metropolitan/urban regions.

Physical Activity Levels. A third of clients indicated that they had little physical activity. This was consistent across all the regions.

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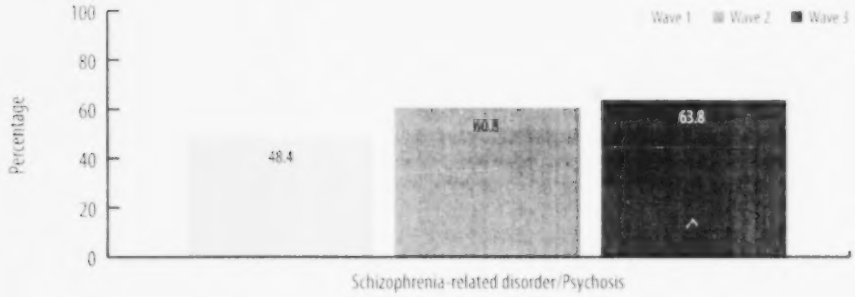

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... We didn't know what it was – no idea. And it took weeks before we finally ... you know, "Well, your son is diagnosed bipolar we think". But no one is telling us, "What does that mean?" No one is telling us "This is what you have to expect. Here's a book. Go home and read it. You can go on the internet. Here's the website. Go there and spend some time on it". But I think that once that diagnosis is made, and it's not only bipolar disorder, it could be any mental health disorder, they should be training and not through a booklet form. It's through a counsellor. "This is what your son has. This is the circumstances." Because we're like sponges looking for information but there's no structure of what has to be done and you're like a pinball. We're looking for the right doctor. We're looking for the right centre. We're looking for the right person that has any bit of advice. It's heart-breaking. — **Family Member**

Hospital and Emergency Department Use | *See Table 10*

Hospital Services. More than half of the clients in the early intervention program were hospitalized in the past 12 months. Programs in rural regions had the lowest proportion of clients hospitalized during their lifetimes.

Compared to those in Wave 1, individuals in Waves 2 and 3 had significantly fewer hospital admissions in the past 12 months.

While one of the purposes of early intervention programs is to assist clients to remain in the community, the role of inpatient services should not be overlooked. Appropriate inpatient services can also provide critical services to this population.

Emergency Department Services. Compared to those in Wave 1, individuals in Wave 3 had significantly fewer hospital admissions in the past 12 months.

Yeah, I haven't been to the hospital since I started with the program. Yeah, it definitely helps because we talk about some of the ways to avoid relapse too with [case manager], so that's kind of an important thing that me and [case manager] have discussed, is to try to avoid going to the hospital. Just some of the healthy lifestyles you can do and like how to, like not using alcohol or drugs and how to avoid having symptoms or how to work through your symptoms. — **Client**

FIGURE 10a. Hospitalization in Past 12 Months of Study Clients in Early Intervention Programs: Waves 1, 2 & 3

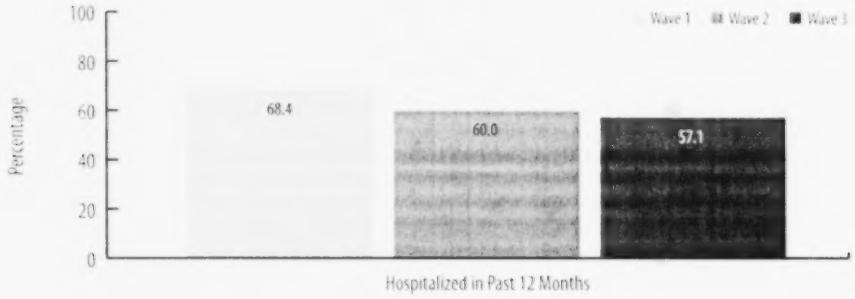
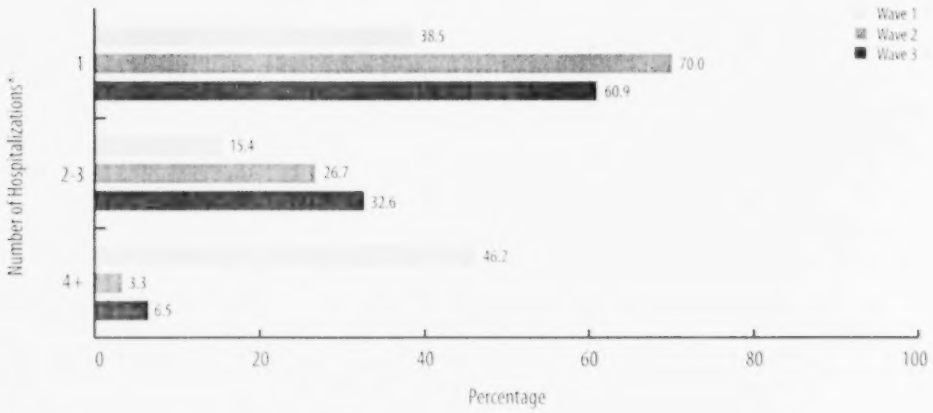


FIGURE 10b. Number of Hospitalizations in Past 12 Months of Study Early Intervention Programs: Waves 1, 2 & 3



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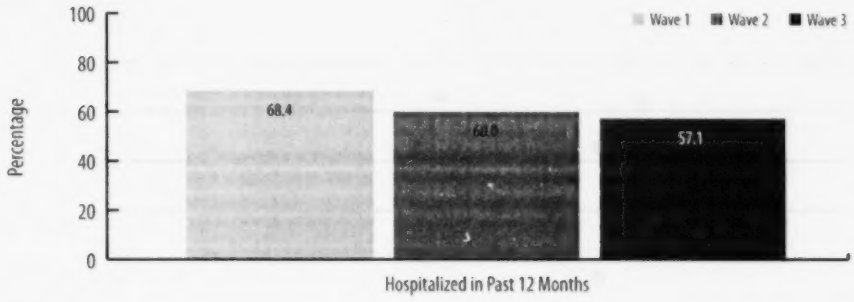
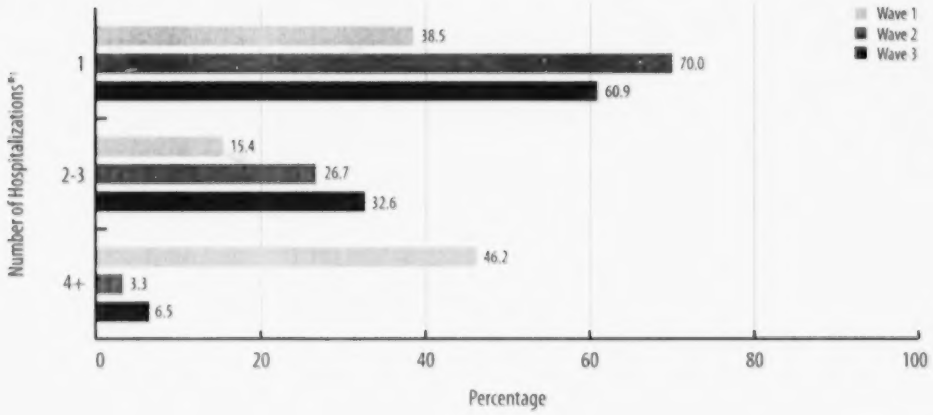


FIGURE 10b. Number of Hospitalizations in Past 12 Months of Study Early Intervention Programs: Waves 1, 2 & 3



* Includes only those who were hospitalized in the past 12 months.
Significant difference exists in the number of hospitalizations in the past 12 months between Wave 1 & Wave 2 ($p<0.01$) and between Wave 1 & Wave 3 ($p<0.01$).

FIGURE 10c. Emergency Department Visits in Past 12 Months of Study Clients in Early Intervention Programs: Waves 1, 2 & 3

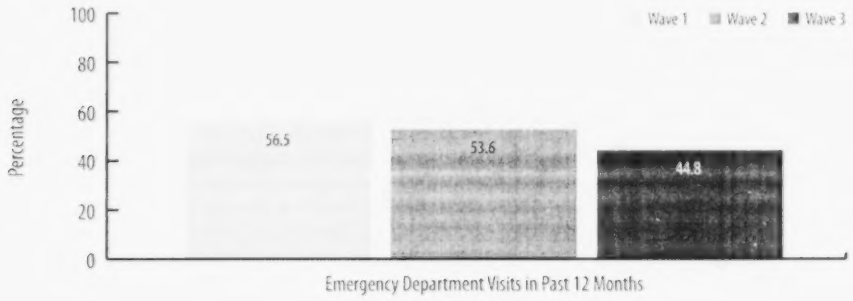
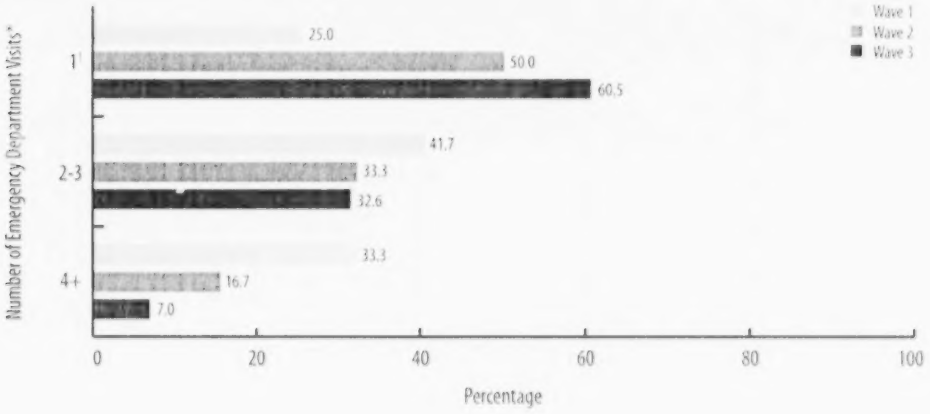


FIGURE 10d. Number of Emergency Department Visits in Past 12 Months of Study Early Intervention Programs: Waves 1, 2 & 3

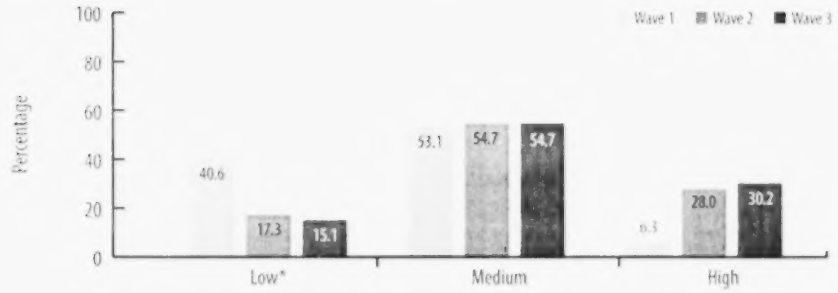


Because the workers here listen to you and they usually know how to help you. And at the Emergency, when you go to the crisis part of the Emergency they really don't, well the one in [My Area], they don't really know how to help people with mental illness unless you get admitted into the hospital as an inpatient you don't really get help in the Emergency and you usually only get admitted if you're suicidal. — **Client**

FUNCTIONING LEVEL | *See Table 11*

In Waves 2 and 3, there were lower proportions of clients who could be assessed as low functioning.

FIGURE 11. Functioning Level of Study Clients in Early Intervention Programs: Waves 1, 2 & 3



Yeah, definitely. I could deal with it faster than I would before because before if I didn't know about it, I would go off and have delusions and stuff and hallucinations and think things that aren't true. I would be out of touch with reality right. So now I'm kind of, I'm on the road to recovery and I don't feel that way any more. — **Client**

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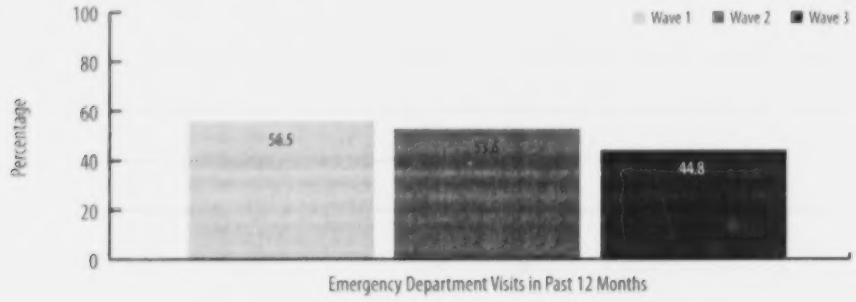

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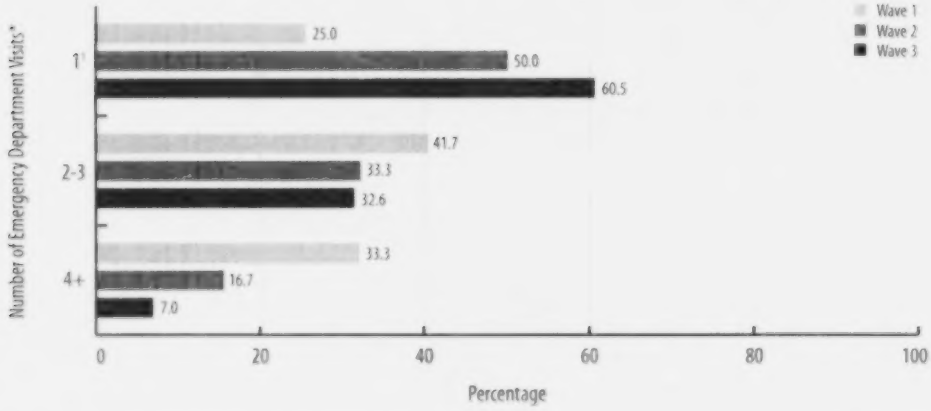

* Includes only those who visited the emergency department in the past 12 months.
Significant difference exists in the number of emergency department visits in the past 12 months between Wave 1 & Wave 3 ($p<0.05$).

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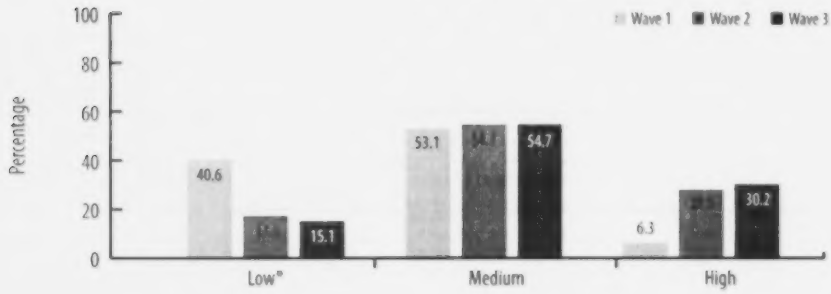

* Significant difference exists in client functioning levels between Wave 1 & Wave 2 ($p<0.01$) and between Wave 1 & Wave 3 ($p<0.01$).

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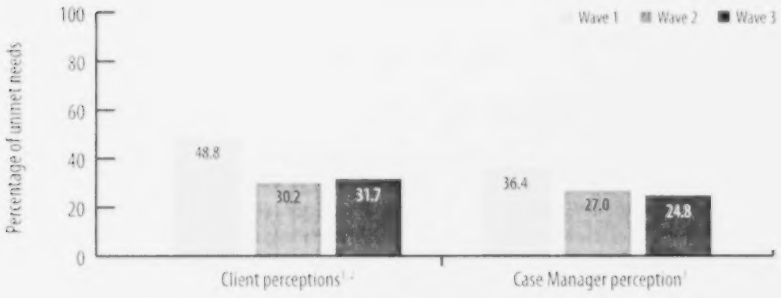
NEEDS ASSESSMENT | *See Table 12*

In Waves 1 and 3, there were differences in client and case manager perceptions of client unmet needs. In Wave 2, there was no difference. In addition, compared to Wave 1, in Waves 2 and 3 there were significant decreases in client unmet needs.

FIGURE 12. Needs Assessment by Client and Case Managers in Study Clients in Early Intervention Programs: Waves 1, 2 & 3



CLIENT SATISFACTION | *See Table 13*

Compared to Wave 1, there was a higher proportion of clients who rated their overall satisfaction with services as excellent in the two subsequent waves.

FIGURE 13. Satisfaction with Services of Study Clients in Early Intervention Programs: Waves 1, 2 & 3

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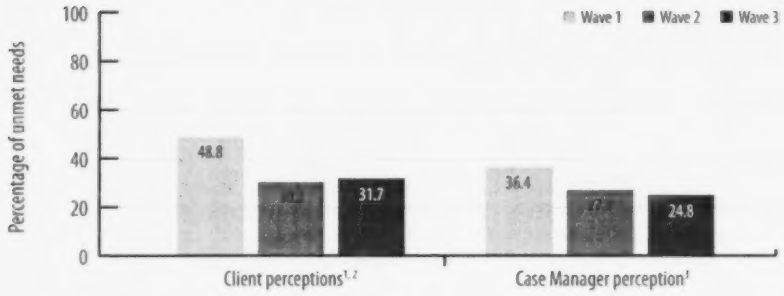

[1] Significant difference exists in % of unmet needs from client perception between Wave 1 & Wave 2 ($p<0.01$) and between Wave 1 & Wave 3 ($p<0.01$).
[2] Significant difference exists in % of unmet needs between client and case manager perceptions in Wave 1 ($p<0.1$) & in Wave 3 ($p<0.1$).
[3] Significant difference exists in % of unmet needs from case manager perception between Wave 1 & Wave 2 ($p<0.1$) and between Wave 1 & Wave 3 ($p<0.05$).

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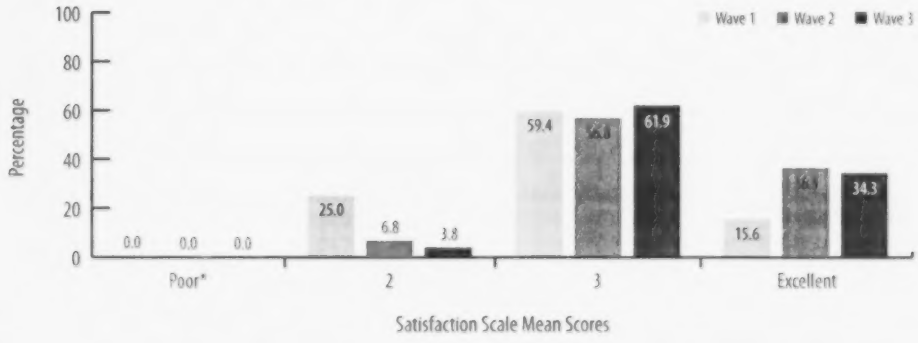


* Significant difference exists in client satisfaction between Wave 1 & Wave 2 ($p<0.01$) and between Wave 1 & Wave 3 ($p<0.01$).

Client: "*So how much money are they giving you? How much money did they invest in this?*"

Interviewer: "*Into mental health programs?*"

Client: "*Yes.*"

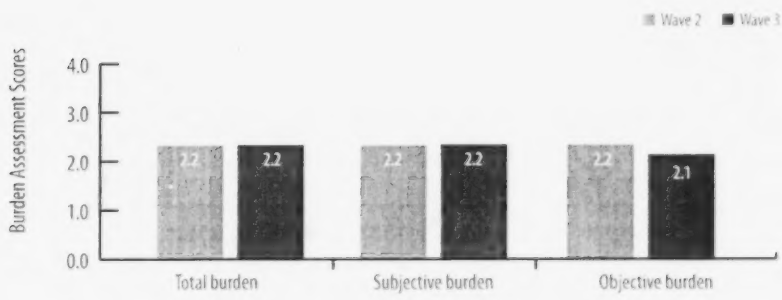
Interviewer: "*In general, throughout the province, about $117 million.*"

Client: "*So your $117 million has helped me, $50 thousand at least. Because I have help if I lose my apartment. If I get in trouble with the police. If I go crazy. If I run out of medication and I'm hurt or something…*"

Caregiver Burden | *See Table 14*

In Waves 2 and 3, family members were asked about their care giving experiences. Overall, in the two years the majority of clients lived with their families. Families reported that they experienced minimal burden with regard to their ill relative. The report of minimal burden might be related to the fact that early intervention programs have decreased the burden they experience.

FIGURE 14. Caregiver Burden of Study Clients' Family Members in Early Intervention Programs: Waves 2 & 3

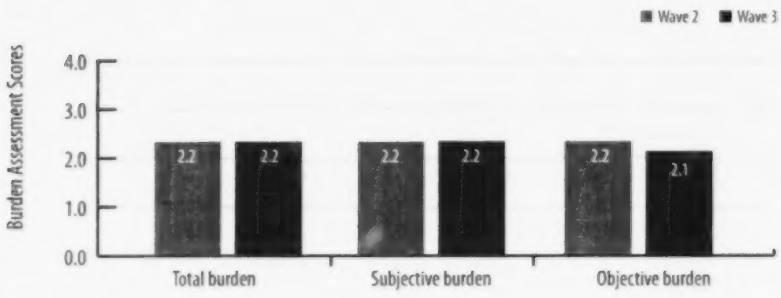


I'd want the families involved more because the family education here is really good. Because when I was at the peak of my illness my parents didn't really know what was happening and it was a, it really did something to them. Like it stressed them out, my mom's still recovering from it because I just freaked them right out. And it would've really helped if they had more education about what I was going through. — **Client**

CAREGIVER BURDEN | *See Table 14*

In Waves 2 and 3, family members were asked about their care giving experiences. Overall, in the two years the majority of clients lived with their families. Families reported that they experienced minimal burden with regard to their ill relative. The report of minimal burden might be related to the fact that early intervention programs have decreased the burden they experience.

FIGURE 14. Caregiver Burden of Study Clients' Family Members in Early Intervention Programs: Waves 2 & 3



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APPENDIX A

Detailed Tables

TABLE 1. Total Clients Enrolled in Study Early Intervention Programs: October 2005, October 2006 & October 2007

	October 2005	October 2006	October 2007
Total	**161**	**302**	**370**
Windsor	27	31	36
Peterborough	134	166	157
Thunder Bay	0	15	33
Toronto	0	34	57
York / Newmarket	0	38	75
Muskoka Parry Sound	0	18	12

TABLE 2. Continuity of Care for Study Clients in Early Intervention Programs: Waves 1, 2 & 3

	Wave 1		Wave 2		Wave 3							
	Total (n=33*)		Total (n=75*)		Total (n=106*)		Rural Regions (n=60*)		Midsize Regions (n=32*)		Metropolitan / Urban Regions (n=14*)	
	mean	**SD**	**mean**	**SD**	**mean**	**SD**	**mean**	**SD**	**mean**	**SD**	**mean**	**SD**
Timeliness of Service												
% of service referred with wait period < 1 month	80.3%	40.0	74.5%	29.1	78.6%	33.7	77.2%[b]	39.3	85.5%[a]	27.1	72.7%	20.4
Comprehensiveness of Service												
% of needed services received	68.4%	29.8	76.9%	25.0	75.2%	27.2	78.8%[b]	28.8	73.1%	25.4	63.4%	21.2
Intensity of Service												
% of match between intensity of current use with estimated need	49.3%[a,b]	35.9	61.8%	31.1	63.8%	31.2	65.3%	34.3	65.9%	28.3	52.6%	22.6
% of underused	45.5[a]	35.6	34.0	30.8	32.4	28.9	29.9[b]	31.4	31.7	26.2	45.0	21.9
% of overused	5.3[a]	10.4	4.2	16.0	3.8	9.9	4.9	11.5	2.4	7.8	2.4	5.7
% that has at least 30-day gap	21.4 %[a]	(n=6)	13.9%	(n=10)	8.1%	(n=8)	14.3%[b]	(n=8)	0.0%	(n=0)	0.0%	(n=0)
Coordination of Service Provision												
% of referrals accepted to referrals sent	86.8 %	32.7	87.7 %	27.7	89.0%	26.6	97.7 %[a,b]	15.1	77.3%	37.5	81.3%	22.1
Accessibility												
% of services needed within 1 hour of traveling time	55.2 %[a,b]	33.1	79.3%[b]	28.0	87.2%	24.2	83.1%[b]	27.2	89.8%	20.8	100.0%	0.0

Source of Information: Case Manager.

* Numbers may not total due to missing data. Percentages were calculated without missing data.

Significant difference between Wave 1 and Wave 2: [a] p≤0.1, [b] p≤0.05, [c] p≤0.01

Significant difference between Wave 2 and Wave 3: [a] p≤0.1, [b] p≤0.05, [c] p≤0.01

Significant difference between Wave 1 and Wave 3: [a] p≤0.1, [b] p≤0.05, [c] p≤0.01

Significant difference between Regions: [a] p≤0.1, [b] p≤0.05, [c] p≤0.01

Significant difference between Rural and Midsize Regions: [a] p≤0.1, [b] p≤0.05, [c] p≤0.01

Significant difference between Midsize and Metropolitan/Urban Regions: [a] p≤0.1, [b] p≤0.05, [c] p≤0.01

Significant difference between Rural and Metropolitan/Urban Regions: [a] p≤0.1, [b] p≤0.05, [c] p≤0.01

TABLE 3. Demographic Characteristics of Study Clients in Early Intervention Programs: Waves 1, 2 & 3

	Wave 1		Wave 2		Wave 3							
	Total (n=33*)		Total (n=75*)		Total (n=106*)		Rural Regions (n=60*)		Midsize Regions (n=32*)		Metropolitan / Urban Regions (n=14*)	
	%	n	%	n	%	n	%	n	%	n	%	n
Gender												
Female	33.3%	11	24.0%[a]	18	36.8%	39	38.3%	23	40.6%	13	21.4%	3
Male	66.7	22	76.0	57	63.2	67	61.7	37	59.4	19	78.6	11
Age												
16-20 years	30.3%	10	34.7%	26	30.2%	32	28.3%	17	31.3%	10	35.7%	5
21-29 years	42.4[b]	14	53.3	40	54.7	58	48.3[c]	29	62.5	20	64.3	9
30-39 years	21.2	7	10.7	8	14.2	15	21.7	13	6.3	2	0.0	0
40+ years	6.1	2	1.3	1	0.9	1	1.7	1	0.0	0	0.0	0
Marital Status												
Single/Never Married	72.7%	24	84.0%	63	83.0%	88	81.7%	49	81.3%	26	92.9%	13
Married/Cohabiting	15.2	5	9.3	7	12.3	13	13.3	8	12.5	4	7.1	1
Divorced/Widowed/Separated	12.1	4	6.7	5	4.7	5	5.0	3	6.3	2	0.0	0

Source of Information: Client.

* Numbers may not total due to missing data. Percentages were calculated without missing data.

Significant difference between Wave 1 and Wave 2: [a] $p \leq 0.1$; [b] $p \leq 0.05$; [c] $p \leq 0.01$

Significant difference between Wave 2 and Wave 3: [d] $p \leq 0.1$; [e] $p \leq 0.05$; [f] $p \leq 0.01$

Significant difference between Wave 1 and Wave 3: [g] $p \leq 0.1$; [h] $p \leq 0.05$; [i] $p \leq 0.01$

Significant difference between Regions: [j] $p \leq 0.1$; [k] $p \leq 0.05$; [l] $p \leq 0.01$

Significant difference between Rural and Midsize Regions: [m] $p \leq 0.1$; [n] $p \leq 0.05$; [o] $p \leq 0.01$

Significant difference between Midsize and Metropolitan/Urban Regions: [p] $p \leq 0.1$; [q] $p \leq 0.05$; [r] $p \leq 0.01$

Significant difference between Rural and Metropolitan/Urban Regions: [s] $p \leq 0.1$; [t] $p \leq 0.05$; [u] $p \leq 0.01$

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Windsor	27	31	36
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TABLE 2. Continuity of Care for Study Clients in Early Intervention Programs: Waves 1, 2 & 3

	Wave 1		Wave 2		Wave 3							
	Total (n=33*)		Total (n=75*)		Total (n=106*)		Rural Regions (n=60*)		Midsize Regions (n=32*)		Metropolitan / Urban Regions (n=14*)	
	mean	**SD**	**mean**	**SD**	**mean**	**SD**	**mean**	**SD**	**mean**	**SD**	**mean**	**SD**
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% of needed services received	68.4%	29.8	76.9%	25.0	75.2%	27.2	78.8%[a]	28.8	73.1%	25.4	63.4%	21.2
Intensity of Service												
% of match between intensity of current use with estimated need	49.3%[a,b]	35.9	61.8%	31.1	63.8%	31.2	65.3%	34.3	65.9%	28.3	52.6%	22.6
% of underused	45.5[a]	35.6	34.0	30.8	32.4	28.9	29.9[a]	31.4	31.7	26.2	45.0	21.9
% of overused	5.3[a]	10.4	4.2	16.0	3.8	9.9	4.9	11.5	2.4	7.8	2.4	5.7
% that has at least 30-day gap	21.4%[a]	(n=6)	13.9%	(n=10)	8.1%	(n=8)	14.3%[a]	(n=8)	0.0%	(n=0)	0.0%	(n=0)
Coordination of Service Provision												
% of referrals accepted to referrals sent	86.8%	32.7	87.7%	27.7	84.0%	26.6	97.7%[a]	15.1	77.3%	37.5	81.3%	22.1
Accessibility												
% of services needed within 1 hour of traveling time	55.2%[a,b]	33.1	79.3%[a]	28.0	87.2%	24.2	83.1%[a]	27.2	89.5%	20.8	100.0%	0.0

Source of Information: Case Manager.

* Numbers may not total due to missing data. Percentages were calculated without missing data.

[a] Significant difference between Wave 1 and Wave 3 ($p<0.1$; $p<0.05$; $p<0.01$)

[b] Significant difference between Wave 2 and Wave 3 ($p<0.1$; $p<0.05$; $p<0.01$)

[c] Significant difference between Wave 1 and Wave 2 ($p<0.1$; $p<0.05$; $p<0.01$)

[d] Significant difference between Rural and Midsize Regions ($p<0.1$; $p<0.05$; $p<0.01$)

[e] Significant difference between Rural and Metropolitan Regions ($p<0.1$; $p<0.05$; $p<0.01$)

[f] Significant difference between Midsize and Metropolitan Regions ($p<0.1$; $p<0.05$; $p<0.01$)

TABLE 3. Demographic Characteristics of Study Clients in Early Intervention Programs: Waves 1, 2 & 3

	Wave 1		Wave 2		Wave 3							
	Total (n=33*)		Total (n=75*)		Total (n=106*)		Rural Regions (n=60*)		Midsize Regions (n=32*)		Metropolitan / Urban Regions (n=14*)	
	%	n	%	n	%	n	%	n	%	n	%	n
Gender												
Female	33.3%	11	24.0%	18	36.8%	39	38.3%	23	40.6%	13	21.4%	3
Male	66.7	22	76.0	57	63.2	67	61.7	37	59.4	19	78.6	11
Age												
16-20 years	30.3%	10	34.7%	26	30.2%	32	28.3%	17	31.3%	10	35.7%	5
21-29 years	42.4	14	53.3	40	54.7	58	48.3	29	62.5	20	64.3	9
30-39 years	21.2	7	10.7	8	14.2	15	21.7	13	6.3	2	0.0	0
40+ years	6.1	2	1.3	1	0.9	1	1.7	1	0.0	0	0.0	0
Marital Status												
Single/Never Married	72.7%	24	84.0%	63	83.0%	88	81.7%	49	81.3%	26	92.9%	13
Married/Cohabiting	15.2	5	9.3	7	12.3	13	13.3	8	12.5	4	7.1	1
Divorced/Widowed/Separated	12.1	4	6.7	5	4.7	5	5.0	3	6.3	2	0.0	0

Source of Information: Client.

* Numbers may not total due to missing data. Percentages were calculated without missing data.

Significant difference between Wave 1 and Wave 2: [illegible]

Significant difference between Wave 2 and Wave 3: [illegible]

Significant difference between Wave 1 and Wave 3: [illegible]

Significant difference between regions: [illegible]

Significant difference between Rural and Midsize Regions: [illegible]

Significant difference between Midsize and Metropolitan/Urban Regions: [illegible]

Significant difference between Rural and Metropolitan/Urban Regions: [illegible]

TABLE 4. Diversity of Study Clients in Early Intervention Programs: Waves 1, 2 & 3

	Wave 1		Wave 2		Wave 3							
	Total (n=33*)		Total (n=75*)		Total (n=106*)		Rural Regions (n=60*)		Midsize Regions (n=32*)		Metropolitan / Urban Regions (n=14*)	
	%	n	%	n	%	n	%	n	%	n	%	n
Preferred Language												
English	97.0%	32	97.3%	73	96.2%	102	98.3%	59	100.0%	32	78.6%	11
French	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Other	3.0	1	2.7	2	3.8	4	1.7	1	0.0	0	21.4	3
Ethnicity/Race												
Aboriginal	9.7%	3	0.0%	0	2.8%	3	5.0%	3	0.0%	0	0.0%	0
Asian	3.2	1	1.3	1	3.8	4	0.0	0	9.4	3	7.1	1
Black	0.0	0	6.7	5	7.5	8	0.0	0	3.1	1	50.0	7
Interracial	6.5	2	8.0	6	6.6	7	5.0	3	12.5	4	0.0	0
White	80.6	25	81.3	61	74.5	79	86.7	52	68.8	22	35.7	5
Other	0.0	0	2.7	2	4.7	5	3.3	2	6.3	2	7.1	1
Born in Canada												
Yes	96.9%	31	85.3%	64	87.7%	93	96.7%	58	90.6%	29	42.9%	6
No	3.1	1	14.7	11	12.3	13	3.3	2	9.4	3	57.1	8
Came to Canada 5 years ago or less	100.0	1	0.0	0	7.7	1	0.0	0	0.0	0	12.5	1
Came to Canada more than 5 years ago	0.0	0	100.0	11	92.3	12	100.0	2	100.0	3	87.5	7

Source of information: Client.

* Numbers may not total due to missing data. Percentages were calculated without missing data.

Includes only those who were not born in Canada.

Significant difference between Wave 1 and Wave 2: ^ p<0.1; ^ p<0.05; ^ p<0.01

Significant difference between Wave 2 and Wave 3: ^ p<0.1; ^ p<0.05; ^ p<0.01

Significant difference between Wave 1 and Wave 3: ^ p<0.1; ^ p<0.05; ^ p<0.01

Significant difference between Regions: ^ p<0.1; ^ p<0.05; ^ p<0.01

Significant difference between Rural and Midsize Regions: ^ p<0.1; ^ p<0.05; ^ p<0.01

Significant difference between Midsize and Metropolitan/Urban Regions: ^ p<0.1; ^ p<0.05; ^ p<0.01

Significant difference between Rural and Metropolitan/Urban Regions: ^ p<0.1; ^ p<0.05; ^ p<0.01

TABLE 5. Socioeconomic Status of Study Clients in Early Intervention Programs: Waves 1, 2 & 3

	Wave 1		Wave 2		Wave 3							
	Total (n=33*)		Total (n=75*)		Total (n=106*)		Rural Regions (n=60*)		Midsize Regions (n=32*)		Metropolitan / Urban Regions (n=14*)	
	%	n	%	n	%	n	%	n	%	n	%	n
At lease one job in past 12 months	69.7%	23	73.3%	55	66.0%	70	70.0%	42	75.0%	24	28.6%	4
Percent with paid jobs in past 12 months[1]	91.3%	21	85.5%	47	91.4%	64	90.5%	38	91.7%	22	100.0%	4
Number of jobs in past 12 months[1] (SD)	1.9	(1.5)	2.2	(1.9)	1.7	(0.9)	1.8	(1.0)	1.8	(0.9)	1.3	(0.5)
Employment Status during the past 12 months[1]												
Full time	68.4%	13	44.2%	23	45.7%	32	38.1%	16	50.0%	12	100.0%	4
Part time	38.1	8	34.0	18	43.5	30	46.3	19	45.8	11	0.0	0
Casual	5.6	1	38.2	21	31.9	22	31.7	13	33.3	8	25.0	1
Employed at Interview[1]	43.5%	10	50.0%	27	47.8%	33	51.2%	21	50.0%	12	0.0%	0
Usual Income Source												
Paid work	40.0%	12	31.4%	22	27.7%	28	26.3%	15	31.3%	10	25.0%	3
ODSP	26.7	8	28.6	20	43.6	44	47.4	27	31.3	10	58.3	7
Disability income	6.7	2	2.9	2	1.0	1	1.8	1	0.0	0	0.0	0
Family contributions	6.7	2	14.3	10	13.9	14	8.8	5	25.0	8	8.3	1
General welfare assistance	16.7	5	17.1	12	7.9	8	7.0	4	9.4	3	8.3	1
Pension/Other	3.3	1	5.7	4	5.9	6	8.8	5	3.1	1	0.0	0
Average Monthly Income (SD)	$1,146	(1097)	$855	(738)	$826	(687)	$798	(625)	$875	(810)	$849	(725)
Living Arrangements												
Living with family	75.0%	24	64.0%	48	68.9%	73	65.0%	39	81.3%	26	57.1%	8
Living in own apt or sharing	18.8	6	25.3	19	22.6	24	33.3	20	0.0	0	28.6	4
Homeless	3.1	1	5.3	4	1.9	2	0.0	0	3.1	1	7.1	1
Transitional housing	3.1	1	5.3	4	6.6	7	1.7	1	15.6	5	7.1	1
Other housing	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0

Source of Information: Client.

* Numbers may not total due to missing data. [illegible]
[1] Includes only those who had at least one job in the past 12 months.
Significant difference between Wave 1 and Wave 2 [illegible]
Significant difference between Wave 2 and Wave 3 [illegible]
Significant difference between Wave 1 and Wave 3 [illegible]
Significant difference between Regions [illegible]
Significant difference between Rural and Midsize Regions [illegible]
Significant difference between Midsize and Metropolitan/Urban Regions [illegible]
Significant difference between Rural and Metropolitan/Urban Regions [illegible]

TABLE 6. Education Status of Study Clients in Early Intervention Programs: Waves 1, 2 & 3

	Wave 1		Wave 2		Wave 3							
	Total (n=33*)		Total (n=75*)		Total (n=106*)		Rural Regions (n=60*)		Midsize Regions (n=32*)		Metropolitan / Urban Regions (n=14*)	
	%	n	%	n	%	n	%	n	%	n	%	n
Most Recent Educational Degree[CL]												
No High-School Diploma	25.0%	8	28.4%	21	30.2%	32	23.3%	14	34.4%	11	50.0%	7
High School	37.5	12	41.9	31	43.4	46	45.0	27	43.8	14	35.7	5
College	21.9	7	12.2	9	14.2	15	16.7	10	12.5	4	7.1	1
University/Graduate School	12.5	4	12.2	9	11.3	12	13.3	8	9.4	3	7.1	1
Technical/Vocational/Professional	3.1	1	5.4	4	0.9	1	1.7	1	0.0	0	0.0	0
Current Student Status[1,CL]												
Enrolled in school in the past 12 months	25.0%	2	33.3%	7	50.0%	16	42.9%	6	72.7%	8	28.6%	2
Enrolled in school at the time of interview[2]	100.0	2	71.4	5	62.5	10	83.3	5	50.0	4	50.0	1
Enrolled in a learning disability program/class[3]	50.0	1	0.0	0	10.0	1	0.0	0	25.0	1	0.0	0
Interruption in Education due to Mental Illness[3,CL]												
Lifetime	75.0%	6	66.7%	14	80.6%	25	78.6%	11	90.9%	10	66.7%	4
Past 12 months	50.0	2	30.8[1]	4	60.0	15	54.5	6	70.0	7	50.0	2
Need for Basic Education (Camberwell)[1]												
No need (client)[CL]	75.0%	6	47.6%[2]	10	75.0%	24	71.4%	10	81.8%	9	71.4%	5
There is a need (client)[CL]	25.0	2	52.4	11	25.0	8	28.6	4	18.2	2	28.6	2
No need (case manager)[CM]	57.1	4	70.0	14	72.4	21	63.6	7	90.9	10	57.1	4
There is a need (case manager)[CM]	42.9	3	30.0	6	27.6	8	36.4	4	9.1	1	42.9	3

Source of Information: CL: Client; CM: Case Manager

* Numbers may not total due to missing data. Percentages were calculated without missing data.

[1] Includes only those who did not have a high school diploma.

[2] Includes only those who were enrolled as a student in the past 12 months.

[3] Includes only those who were enrolled as a student at the time of the interview.

Significant difference between Wave 1 and Wave 2: [1] p≤0.1; [2] p≤0.05; [3] p≤0.01

Significant difference between Wave 2 and Wave 3: [1] p≤0.1; [2] p≤0.05; [3] p≤0.01

Significant difference between Wave 1 and Wave 3: [1] p≤0.1; [2] p≤0.05; [3] p≤0.01

Significant difference between Regions: [1] p≤0.1; [2] p≤0.05; [3] p≤0.01

Significant difference between Rural and Midsize Regions: [1] p≤0.1; [2] p≤0.05; [3] p≤0.01

Significant difference between Midsize and Metropolitan/Urban Regions: [1] p≤0.1; [2] p≤0.05; [3] p≤0.01

Significant difference between Rural and Metropolitan/Urban Regions: [1] p≤0.1; [2] p≤0.05; [3] p≤0.01

TABLE 7. Past 12 Month Police Contact of Study Clients in Early Intervention Programs: Waves 1, 2 & 3

	Wave 1		Wave 2		Wave 3							
	Total (n=33*)		Total (n=75*)		Total (n=106*)		Rural Regions (n=60*)		Midsize Regions (n=32*)		Metropolitan / Urban Regions (n=14*)	
	%	n	%	n	%	n	%	n	%	n	%	n
Involved with the police during the past 12 months	34.5%	10	26.7%	20	25.5%	27	21.7%	13	25.0%	8	42.9%	6
Ever been violently assaulted	21.9*	7	10.7	8	6.7	7	5.1	3	9.4	3	7.1	1
Ever been victimized	32.3*	10	18.7	14	13.3	14	13.6	8	12.5	4	14.3	2

Source of Information: Client.

* Numbers may not total due to missing data. Percentages were calculated without missing data.

Significant difference between Wave 1 and Wave 2: ^ p≤0.1; ^^ p≤0.05; ^^^ p≤0.01

Significant difference between Wave 2 and Wave 3: ^ p≤0.1; ^^ p≤0.05; ^^^ p≤0.01

Significant difference between Wave 1 and Wave 3: ^ p≤0.1; ^^ p≤0.05; ^^^ p≤0.01

Significant difference between Regions: ^ p≤0.1; ^^ p≤0.05; ^^^ p≤0.01

Significant difference between Rural and Midsize Regions: ^ p≤0.1; ^^ p≤0.05; ^^^ p≤0.01

Significant difference between Midsize and Metropolitan/Urban Regions: ^ p≤0.1; ^^ p≤0.05; ^^^ p≤0.01

Significant difference between Rural and Metropolitan/Urban Regions: ^ p≤0.1; ^^ p≤0.05; ^^^ p≤0.01

TABLE 8. Positive Psychotic Symptoms of Study Clients in Early Intervention Programs: Waves 1, 2 & 3

	Wave 1		Wave 2		Wave 3							
	Total (n=33*)		Total (n=75*)		Total (n=106*)		Rural Regions (n=60*)		Midsize Regions (n=32*)		Metropolitan / Urban Regions (n=14*)	
	%	n	%	n	%	n	%	n	%	n	%	n
Positive Psychotic Symptoms Reported[CL]	75.8%	25	84.0%	63	83.0%	88	90.0%[1]	54	87.5%	28	42.9%	6
Age at First Experience with Positive Psychotic Symptoms[1,CL]												
1-10 years	13.0%[3]	3	4.8%	3	2.3%	2	3.8%	2	0.0%	0	0.0%	0
11-20 years	47.8	11	52.4	33	61.6	53	60.4	32	59.3	16	83.3	5
21-30 years	17.4	4	34.9	22	32.6	28	30.2	16	40.7	11	16.7	1
31-40 years	21.7	5	6.3	4	2.3	2	3.8	2	0.0	0	0.0	0
41+ years	0.0	0	1.6	1	1.2	1	1.9	1	0.0	0	0.0	0
Length of Time in Program[CM]												
Mean (in weeks) (SD)	35.4[3]	(19.4)	49.5[3]	(43.4)	61.8	(41.2)	68.9[1]	(44.5)	58.3	(37.1)	39.6	(25.8)
Duration of Untreated Positive Psychotic Symptoms[1,CV]												
Less than 1 year	27.3%	6	43.5%	27	42.4%	36	32.7%[2,3]	17	59.3%	16	50.0%	3
1-2 years	22.7	5	24.2	15	22.4	19	25.0	13	18.5	5	16.7	1
3-4 years	4.5	1	14.5	9	11.8	10	13.5	7	11.1	3	0.0	0
5 years or more	45.5[2,3]	10	17.7	11	23.5	20	28.8	15	11.1	3	33.3	2
Referral Source[CM]												
Hospital	9.4%	3	9.7%[3]	7	33.3%	35	27.1%	16	37.5%	12	50.0%	7
General practitioner	15.6	5	13.9	10	12.4	13	20.3	12	3.1	1	0.0	0
Psychiatrist	28.1	9	26.4	19	15.2	16	16.9	10	9.4	3	21.4	3
Emergency room	0.0	0	9.7	7	2.9	3	5.1	3	0.0	0	0.0	0
Teacher/School	3.1	1	1.4	1	1.9	2	1.7	1	0.0	0	7.1	1
Family	12.5	4	15.3	11	18.1	19	16.9	10	25.0	8	7.1	1
Self	6.3	2	4.2	3	1.9	2	1.7	1	3.1	1	0.0	0
Court	6.3	2	4.2	3	2.9	3	3.4	2	3.1	1	0.0	0
Community Mental Health Program	12.5	4	5.6	4	8.6	9	3.4	2	18.8	6	7.1	1
Other	6.3	2	9.7	7	2.9	3	3.4	2	0.0	0	7.1	1

Source of Information: CL: Client; CM: Case Manager; CV: Indicator created using data collected from client and case manager.

* Numbers may not total due to missing data. Percentages were calculated without missing data.

[1] Includes only those who reported positive psychotic symptoms.

[2] Significance applies only to specific value.

Significant difference between Wave 1 and Wave 2: [3] $p \leq 0.1$; [4] $p \leq 0.05$; [5] $p \leq 0.01$

Significant difference between Wave 2 and Wave 3: [1] $p \leq 0.1$; [2] $p \leq 0.05$; [3] $p \leq 0.01$

Significant difference between Wave 1 and Wave 3: [6] $p \leq 0.1$; [7] $p \leq 0.05$; [8] $p \leq 0.01$

Significant difference between Regions: [1] $p \leq 0.1$; [2] $p \leq 0.05$; [3] $p \leq 0.01$

Significant difference between Rural and Midsize Regions: [4] $p \leq 0.1$; [5] $p \leq 0.05$; [6] $p \leq 0.01$

Significant difference between Midsize and Metropolitan/Urban Regions: [7] $p \leq 0.1$; [8] $p \leq 0.05$; [9] $p \leq 0.01$

Significant difference between Rural and Metropolitan/Urban Regions: [4] $p \leq 0.1$; [5] $p \leq 0.05$; [6] $p \leq 0.01$

TABLE 9. Health Status Information of Study Clients in Early Intervention Programs: Waves 1, 2 & 3

	Wave 1		Wave 2		Wave 3							
	Total (n=33*)		Total (n=75*)		Total (n=106*)		Rural Regions (n=60*)		Midsize Regions (n=32*)		Metropolitan / Urban Regions (n=14*)	
	%	n	%	n	%	n	%	n	%	n	%	n
Primary Diagnosis												
Mood Disorder	29.0%	9	28.4%	21	23.8%	25	22.0%	13	31.3%	10	14.3%	2
Depression	-	-	10.8	8	4.8	5	3.4	2	6.3	2	7.1	1
Bipolar	-	-	17.6	13	19.0	20	18.6	11	25.0	8	7.1	1
Anxiety Disorder	22.6[L,*]	7	4.1	3	7.6	8	10.2	6	0.0	0	14.3	2
Schizophrenia-related disorder/ Psychosis	48.4	15	60.8	45	63.8	67	62.7	37	65.6	21	64.3	9
Personality disorder	6.5	2	1.4	1	2.9	3	5.1	3	0.0	0	0.0	0
Substance-related disorder	0.0	0	2.7	2	0.0	0	0.0	0	0.0	0	0.0	0
Related to a physical condition	3.2	1	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Post traumatic stress disorder	3.2	1	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Attention deficit hyperactivity disorder	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Other	3.2	1	2.7	2	1.9	2	0.0	0	3.1	1	7.1	1
% with Co-Occuring Substance Use (based on case manager perception of need for substance use service)												
Alcohol or drug problem (client)[L]	35.5%	11	27.0%[*]	20	31.4%[*]	32	32.1%	18	31.3%	10	28.6%	4
Alcohol or drug problem (case manager)[M]	53.6	15	51.4	37	47.4	46	43.6	24	51.6	16	54.5	6
% with Co-Morbidity	51.6%	16	47.3%	35	46.7%	49	55.9%[†]	33	43.8%	14	14.3%	2
Physical Activity Levels												
Highly Active	-	-	-	-	22.1%	23	19.0%	11	31.3%	10	14.3%	2
Average	-	-	-	-	44.2	46	46.6	27	37.5	12	50.0	7
Inactive	-	-	-	-	33.7	35	34.5	20	31.3	10	35.7	5

Source of Information: Client.

* Numbers may not total due to missing data. Percentages were calculated without missing data.

Significant difference between Wave 1 and Wave 2: [L] p<0.1; [M] p<0.05; [N] p<0.01

Significant difference between Wave 2 and Wave 3: [O] p<0.1; [P] p<0.05; [Q] p<0.01

Significant difference between Wave 1 and Wave 3: [R] p<0.1; [S] p<0.05; [T] p<0.01

Significant difference between Regions: [†] p<0.1; [‡] p<0.05; [§] p<0.01

Significant difference between Rural and Midsize Regions: [U] p<0.1; [V] p<0.05; [W] p<0.01

Significant difference between Midsize and Metropolitan/Urban Regions: [X] p<0.1; [Y] p<0.05; [Z] p<0.01

Significant difference between Rural and Metropolitan/Urban Regions: [A] p<0.1; [B] p<0.05; [C] p<0.01

Significant difference between client and case manager: [D] p<0.1; [E] p<0.05; [F] p<0.01

TABLE 10. Hospital and Emergency Department Use by Study Clients in Early Intervention Programs: Waves 1, 2 & 3

	Wave 1		Wave 2		Wave 3							
	Total (n=33*)		Total (n=75*)		Total (n=106*)		Rural Regions (n=60*)		Midsize Regions (n=32*)		Metropolitan / Urban Regions (n=14*)	
	%	n	%	n	%	n	%	n	%	n	%	n
Past Hospitalization (lifetime)	63.3%	19	69.4%	50	75.0%	78	66.1%[b]	39	83.9%	26	92.9%	13
Hospitalized in past 12 months[1]	68.4%	13	60.0%	30	57.1%	44	50.0%	19	65.4%	17	61.5%	8
Number of Hospitalizations in past 12 months[2]												
1	38.5%[a,*]	5	70.0%	21	60.9%	28	61.9%	13	58.8%	10	62.5%	5
2-3	15.4	2	26.7	8	32.6	15	28.6	6	35.3	6	37.5	3
4+	46.2	6	3.3	1	6.5	3	9.5	2	5.9	1	0.0	0
Number of days in Hospital in past 12 months[2]												
7 days or less	8.3%	1	16.7%	5	28.3%	13	28.6%	6	35.3%	6	12.5%	1
8-14 days	25.0	3	33.3	10	15.2	7	19.0	4	11.8	2	12.5	1
15-29 days	25.0	3	16.7	5	23.9	11	9.5	2	23.5	4	62.5	5
30 days or more	41.7	5	33.3	10	32.6	15	42.9	9	29.4	5	12.5	1
Any Emergency Department visits in past 12 months	56.5%	13	53.6%	37	44.8%	43	35.3%	18	54.8%	17	57.1%	8
Number of Emergency Department visits in past 12 months[3]												
1	25.0%[a,*]	3	50.0%	18	60.5%	26	61.1%	11	58.8%	10	62.5%	5
2-3	41.7	5	33.3	12	32.6	14	33.3	6	35.3	6	25.0	2
4+	33.3	4	16.7	6	7.0	3	5.6	1	5.9	1	12.5	1

Source of Information: Client.

* Numbers may not total due to missing data. Percentages were calculated without missing data.

[1] Includes only those who had at least one hospitalization in their lifetime.

[2] Includes only those who were hospitalized in the past 12 months.

[3] Includes only those who had any emergency department visits in the past 12 months.

[a] Significant difference between Wave 1 and Wave 2: * p<0.1; ** p<0.05; *** p<0.01.

[b] Significant difference between Wave 2 and Wave 3: * p<0.1; ** p<0.05; *** p<0.01.

[c] Significant difference between Wave 1 and Wave 3: * p<0.1; ** p<0.05; *** p<0.01.

[d] Significant difference between Regions: * p<0.1; ** p<0.05; *** p<0.01.

[e] Significant difference between Rural and Midsize Regions: * p<0.1; ** p<0.05; *** p<0.01.

[f] Significant difference between Midsize and Metropolitan/Urban Regions: * p<0.1; ** p<0.05; *** p<0.01.

[g] Significant difference between Rural and Metropolitan/Urban Regions: * p<0.1; ** p<0.05; *** p<0.01.

TABLE 11. Functioning Level of Study Clients in Early Intervention Programs: Waves 1, 2 & 3

Multnomah Community Ability Scale (MCAS)	Wave 1 Total (n=33*)		Wave 2 Total (n=75*)		Wave 3 Total (n=106*)		Wave 3 Rural Regions (n=60*)		Wave 3 Midsize Regions (n=32*)		Wave 3 Metropolitan / Urban Regions (n=14*)	
	%	n	%	n	%	n	%	n	%	n	%	n
Functioning Level												
Low	40.6%[b,a]	13	17.3%	13	15.1%	16	18.3%	11	6.3%	2	21.4%	3
Medium	53.1	17	54.7	41	54.7	58	51.7	31	59.4	19	57.1	8
High	6.3	2	28.0	21	30.2	32	30.0	18	34.4	11	21.4	3

Source of Information: Client.
* Numbers may not total due to missing data. Percentages were calculated without missing data.
Significant difference between Wave 1 and Wave 2: [a] p≤0.1; [b] p≤0.05; [c] p≤0.01
Significant difference between Wave 2 and Wave 3: [d] p≤0.1; [e] p≤0.05; [f] p≤0.01
Significant difference between Wave 1 and Wave 3: [g] p≤0.1; [h] p≤0.05; [i] p≤0.01
Significant difference between Regions: [j] p≤0.1; [k] p≤0.05; [l] p≤0.01
Significant difference between Rural and Midsize Regions: [m] p≤0.1; [n] p≤0.05; [o] p≤0.01
Significant difference between Midsize and Metropolitan/Urban Regions: [p] p≤0.1; [q] p≤0.05; [r] p≤0.01
Significant difference between Rural and Metropolitan/Urban Regions: [s] p≤0.1; [t] p≤0.05; [u] p≤0.01

TABLE 12. Needs Assessment by Study Clients and Case Managers in Early Intervention Programs: Waves 1, 2 & 3

	Wave 1 Total (n=33*)		Wave 2 Total (n=75*)		Wave 3 Total (n=106*)		Wave 3 Rural Regions (n=60*)		Wave 3 Midsize Regions (n=32*)		Wave 3 Metropolitan / Urban Regions (n=14*)	
	mean	SD	mean	SD	mean	SD	mean	SD	mean	SD	mean	SD
Client Perceptions[CL]												
Number of total needs	9	4.7	9	4.9	8	4.3	9	4.2	6	3.5	6	4.3
Number of met needs	5	4.2	7	4.2	5	3.4	6	3.7	4	2.7	3	1.9
Number of unmet needs	4	2.4	3	2.5	3	2.7	3	2.8	2	2.2	2	3.2
% of unmet needs	48.8%[b,a]	28.2	30.2%	25.0	31.7%[h]	27.6	33.0%	29.0	29.6%	26.8	31.1%	24.9
Case Manager Perceptions[CM]												
Number of total needs	11	4.9	11	5.2	9	4.5	9	4.7	9	4.6	8	3.3
Number of met needs	7	3.9	8	5.0	6	3.5	7	3.2	7	4.2	4	2.4
Number of unmet needs	4	3.3	3	3.0	3	2.9	2	3.1	3	2.5	3	3.3
% of unmet needs	36.4%[b,a]	27.1	27.0%	26.2	24.8%	23.5	20.4%[h]	19.7	27.6%	24.0	38.7%	32.7

Source of Information: CL: Client; CM: Case Manager.
* Numbers may not total due to missing data. Percentages were calculated without missing data.
[1] Includes only those who were not born in Canada.
Significant difference between Wave 1 and Wave 2: [a] p≤0.1; [b] p≤0.05; [c] p≤0.01
Significant difference between Wave 2 and Wave 3: [d] p≤0.1; [e] p≤0.05; [f] p≤0.01
Significant difference between Wave 1 and Wave 3: [g] p≤0.1; [h] p≤0.05; [i] p≤0.01
Significant difference between regions: [j] p≤0.1; [k] p≤0.05; [l] p≤0.01
Significant difference between Rural and Midsize Regions: [m] p≤0.1; [n] p≤0.05; [o] p≤0.01
Significant difference between Midsize and Metropolitan/Urban Regions: [p] p≤0.1; [q] p≤0.05; [r] p≤0.01
Significant difference between Rural and Metropolitan/Urban Regions: [s] p≤0.1; [t] p≤0.05; [u] p≤0.01
Significant difference between client and case manager: [v] p≤0.1; [w] p≤0.05; [x] p≤0.01

TABLE 13. Satisfaction Scale Mean Scores of Study Clients in Early Intervention Programs: Waves 1, 2 & 3

Satisfaction Scale Mean Scores (Items 1-22)	Wave 1		Wave 2		Wave 3							
	Total (n=35*)		Total (n=75*)		Total (n=106*)		Rural Regions (n=60*)		Midsize Regions (n=32*)		Metropolitan / Urban Regions (n=14*)	
	%	n	%	n	%	n	%	n	%	n	%	n
Poor	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0
2	25.0	8	6.8	5	3.8	4	5.1	3	0.0	0	7.1	1
3	59.4	19	56.8	42	61.9	65	55.9	33	62.5	20	85.7	12
Excellent	15.6	5	36.5	27	34.3	36	39.0	23	37.5	12	7.1	1

Source of Information: Client.

TABLE 14. Caregiver Burden of Study Clients' Family Members in Early Intervention Programs: Waves 2 & 3

Family Burden Scale	Wave 2		Wave 3							
	Total (n=51*)		Total (n=56*)		Rural Regions (n=30*)		Midsize Regions (n=21*)		Metropolitan / Urban Regions (n=5*)	
	mean	SD	mean	SD	mean	SD	mean	SD	mean	SD
Total burden scores	2.2	0.7	2.2	0.7	2.0	0.6	2.3	0.7	2.4	0.9
Subjective burden scores	2.2	0.7	2.2	0.7	2.1	0.6	2.4	0.8	2.5	0.8
Objective burden scores	2.2	0.8	2.1	0.8	1.9	0.8	2.2	0.9	2.4	1.0

Source of Information: Family Burden Assessment Scale

APPENDIX B

Program Descriptions

TABLE 13. Satisfaction Scale Mean Scores of Study Clients in Early Intervention Programs: Waves 1, 2 & 3

Satisfaction Scale Mean Scores (Items 1-22)	Wave 1		Wave 2		Wave 3							
	Total (n=33*)		Total (n=75*)		Total (n=106*)		Rural Regions (n=60*)		Midsize Regions (n=32*)		Metropolitan / Urban Regions (n=14*)	
	%	n	%	n	%	n	%	n	%	n	%	n
Poor	0.0%[b,*]	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0
2	25.0	8	6.8	5	3.8	4	5.1	3	0.0	0	7.1	1
3	59.4	19	56.8	42	61.9	65	55.9	33	62.5	20	85.7	12
Excellent	15.6	5	36.5	27	34.3	36	39.0	23	37.5	12	7.1	1

Source of Information: Client.
* Numbers may not total due to missing data. Percentages were calculated without missing data.
Significant difference between Wave 1 and Wave 2: [a] p<0.1; [b] p<0.05; [c] p<0.01.
Significant difference between Wave 2 and Wave 3: [d] p<0.1; [e] p<0.05; [f] p<0.01.
Significant difference between Wave 1 and Wave 3: [g] p<0.1; [h] p<0.05; [i] p<0.01.
Significant difference between Regions: [j] p<0.1; [k] p<0.05; [l] p<0.01.
Significant difference between Rural and Midsize Regions: [m] p<0.1; [n] p<0.05; [o] p<0.01.
Significant difference between Midsize and Metropolitan/Urban Regions: [p] p<0.1; [q] p<0.05; [r] p<0.01.
Significant difference between Rural and Metropolitan/Urban Regions: [s] p<0.1; [t] p<0.05; [u] p<0.01.

TABLE 14. Caregiver Burden of Study Clients' Family Members in Early Intervention Programs: Waves 2 & 3

Family Burden Scale	Wave 2		Wave 3							
	Total (n=51*)		Total (n=56*)		Rural Regions (n=30*)		Midsize Regions (n=21*)		Metropolitan / Urban Regions (n=5*)	
	mean	SD	mean	SD	mean	SD	mean	SD	mean	SD
Total burden scores	2.2	0.7	2.2	0.7	2.0	0.6	2.3	0.7	2.4	0.9
Subjective burden scores	2.2	0.7	2.2	0.7	2.1	0.6	2.4	0.8	2.5	0.8
Objective burden scores	2.2	0.8	2.1	0.8	1.9	0.8	2.2	0.9	2.4	1.0

Source of Information: Family Burden Assessment Scale
* Total number of family member respondents.

APPENDIX B

Program Descriptions

TABLE A. Early Intervention Program Descriptions.

Characteristics	Programs					
	Thunder Bay	Peterborough	Parry Sound	Windsor	York	Toronto
YR Program began:	2006	2004	2006	2005	2006	2006
Staff Members	• 1 FTE Director of Regional EIP Services • 2 FTE Nurse Care Coordinators • 1 FTE Admin Assistant • 0.6 FTE Psychology Care Coordinator • 0.8 FTE Recovery Care Coordinator/Family Educator • 0.8 FTE O.T. Care Coordinator/Family Educator • 0.7 FTE Education and Training Coordinator • Medical Director on maternity leave until January 2009 • Interim psychiatry coverage works out to .5 FTE	• 1.5 FTE Psy Ed FS Workers • 8.0 FTE Case Managers • 1.0 FTE Coordinator • 180K – Psychiatry	• 1.8s • 1.8 Social Workers • 0.05 MD's	• 1.5 R.N. 1 SW • 1 – Family Educator • CSW	• 8 + 2 vacancies • 2 Social workers • 1 Nurse • 4 CMs • 1 Peer worker	• 4 FTE + 1 Psychiatrist • Nursing • Social Work
Client demographics						
Average age (years)	• 19 years	• 14-35 years	• 22 years	• 18-24 years	• 18-20 years	• 22.2 years
% Male	• 75%	• Mostly males in the first two years, but now a higher percentage of females	• 50%	• 71%	• 70%	• 80%
Clients' special characteristics	• Age range of existing clients now 14-30 • All clients under 16 have been with the service over a year • Continue to receive more referrals for under 16 but re-directing to in-house child and adolescent psychiatry • [illegible] • [illegible] • [illegible] • Many clients have been ... school and work	• Wide range (no particular patterns)	• Currently active psychosis symptoms • Homeless or at risk of becoming homeless • No supports • No transportation • No doctor • No employment opportunities	• Concurrent Disorder • Reside with family • No employment or not in school	• Substance use disorder • Dual diagnosis (ID) • Involved with corrections • New immigrants	• Inner city • Homeless • Concurrent substance disorder

TABLE A. Early Intervention Program Descriptions.

Characteristics	Programs					
	Thunder Bay	Peterborough	Parry Sound	Windsor	York	Toronto
Clients' special characteristics						
Intake criteria						
Enrolment time limit (years)						
Average length of enrolment in program for clients (years)						

TABLE A. Early Intervention Program Descriptions.

Characteristics	Programs					
	Thunder Bay	Peterborough	Parry Sound	Windsor	York	Toronto
YR Program began:	2006	2004	2006	2005	2006	2006
Staff Members	• 1 FTE Director of Regional EIP Services • 2 FTE Nurse Care Coordinators • 1 FTE Admin Assistant • 0.6 FTE Psychology Care Coordinator • 0.8 FTE Recovery Care Coordinator/Family Educator • 0.8 FTE O.T. Care Coordinator/Family Educator • 0.7 FTE Education and Training Coordinator • Medical Director on maternity leave until January 2009 • Interim psychiatry coverage works out to .5 FTE	• 1.5 FTE Pso Ed FS Workers • 8.0 FTE Case Managers • 1.0 FTE Coordinator • 180K – Psychiatry	• 1.85 • 1.8 Social workers • 0.05 MD/v	• 3.5 R.N.CSW • 1 – Family Educator • CSW	• 8 + 2 vacancies • 2 Social workers • 1 Nurse • 4 CMs • 1 Peer worker	• 4 FTF + 1 Psychiatrist • Nursing • Social Work
Client demographics						
Average age (years)	• 19 years	• 14-35 years	• 22 years	• 18-24 years	• 18-20 years	• 22.2 years
% Male	• 76%	• Mostly males in the first two years, but then a higher percentage of females	• 50%	• 71%	• 70%	• 80%
Clients' special characteristics	• Age range of existing clients now 14-32 • All clients under 16 have been with the service over a year • Continue to receive more referrals for under 18 but re-directing as without child and adolescent psychiatry currently • Concurrent disorders [illegible] • Other secondary co-occurring conditions continue to include [illegible] • Trend continues to be younger referrals, ie 16 and under • Many clients have goals related to school and work and [illegible] supports	• Wide range, no particular patterns	• Currently active psychosis symptoms • Homeless or at risk of becoming homeless • No supports • No transportation • No doctor • No employment or possibilities	• Concurrent Disorder • Reside with family • No employment or not in school	• Substance use disorder • Dual diagnosis (3) • Involved w/court (possession) • New immigrants	• Inner city • Homeless • Concurrent substance disorders

TABLE A. Early Intervention Program Descriptions.

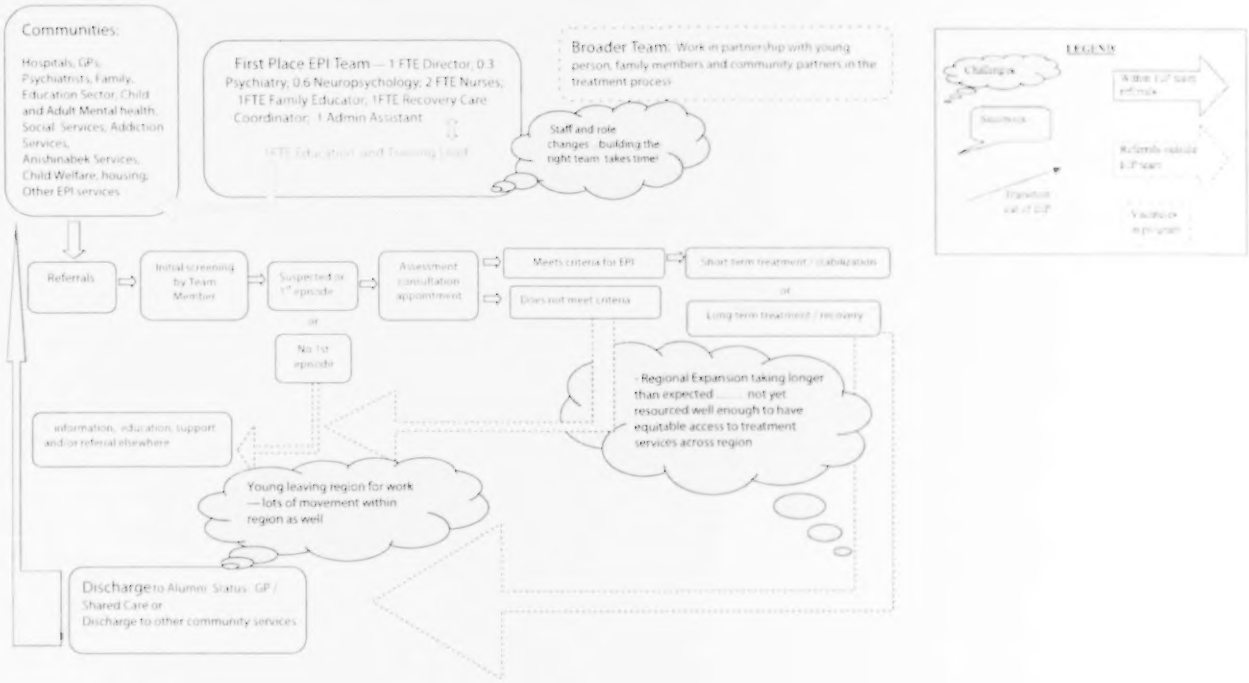
Characteristics	Programs					
	Thunder Bay	Peterborough	Parry Sound	Windsor	York	Toronto
Clients' special characteristics	• 70% have active family involvement in service • Clients who have been with the program a year or longer have achieved more stability and are well into recovery • Trend: leaving EB and moving to Calgary for work opportunities, therefore dropping out of service • A lot of movement within region as well as for work/school or family reasons • Follow up to northern reserves challenging					
Intake criteria	• First episode of psychosis • Age: 16- 35 (Currently no child and adolescent psychiatry so 'over' age limit has been raised from 14 to 16 until January 2009) • < 1 year of treatment • Absence of organic brain disorder • Available for community treatment	• Age: 14-35 yrs • Early stages of a psychotic illness • Living in Haliburton, Northumberland, Peterborough and City of Kawartha, including their families	• Age: >16 yrs • < 1 yr of treatment • Clear symptoms of psychosis	• Age: 14-35 yrs • Reside in Windsor-Essex County • Experienced first episode of psychosis and have not received previous treatment for psychosis	• Age: 16-35 yrs • Live in York/South Simcoe • < 1 yr of treatment • Clear symptoms of psychosis	• Age: 16-23 yrs • In catchment area • Showing early signs of psychosis
Enrolment time limit (years)	• Based on client need • Alumni status vs discharge	• 2-5 years	• 3 years	• 2 years	• 3 years	• No specific enrolment time. However, the program is getting full – Had 67 clients at one point this winter. • Have begun to identify individuals for transition (i.e. those over the age of 25, those who have been in the program longer than 3 years and who need ongoing intensive case management or ACT, those outside the catchment area, those who do not have a psychotic disorder). Referrals to other programs have been initiated to promote ongoing flow.
Average length of enrolment in program for clients (years)	• 10 clients: approx 2 years • 7 clients: approx 1 year • 4 clients: 6 months or less		• Difficult to comment. Varies with each case.	• 2 years	• ~ 1 year	• About 1 year • Have transitioned more than 30 clients (14%) since the program was initiated

TABLE A. Early Intervention Program Descriptions.

Characteristics	Programs					
	Thunder Bay	Peterborough	Parry Sound	Windsor	York	Toronto
Source of Funding for Psychiatrist						
Type of Funding for Psychiatry						
Amount of FTE time for psychiatry						
Is Psychiatry position filled?						
Formal links with other programs that help provide services						

Thunder Bay Early Intervention Program (EIP)

First Place Clinic & Resource Centre



Northwest Region Early Psychosis Intervention Program

FIRST PLACE (THUNDER BAY EARLY INTERVENTION PROGRAM)

The challenges in program development at First Place included servicing a site geographically with varying stakeholder needs. The challenge of balancing needs in Thunder Bay and the service needs in the region were illustrated by the demand for service before the clinical team was ready. Staff were asked to have a wide range of clinical skills servicing clients' age range from childhood to adulthood.

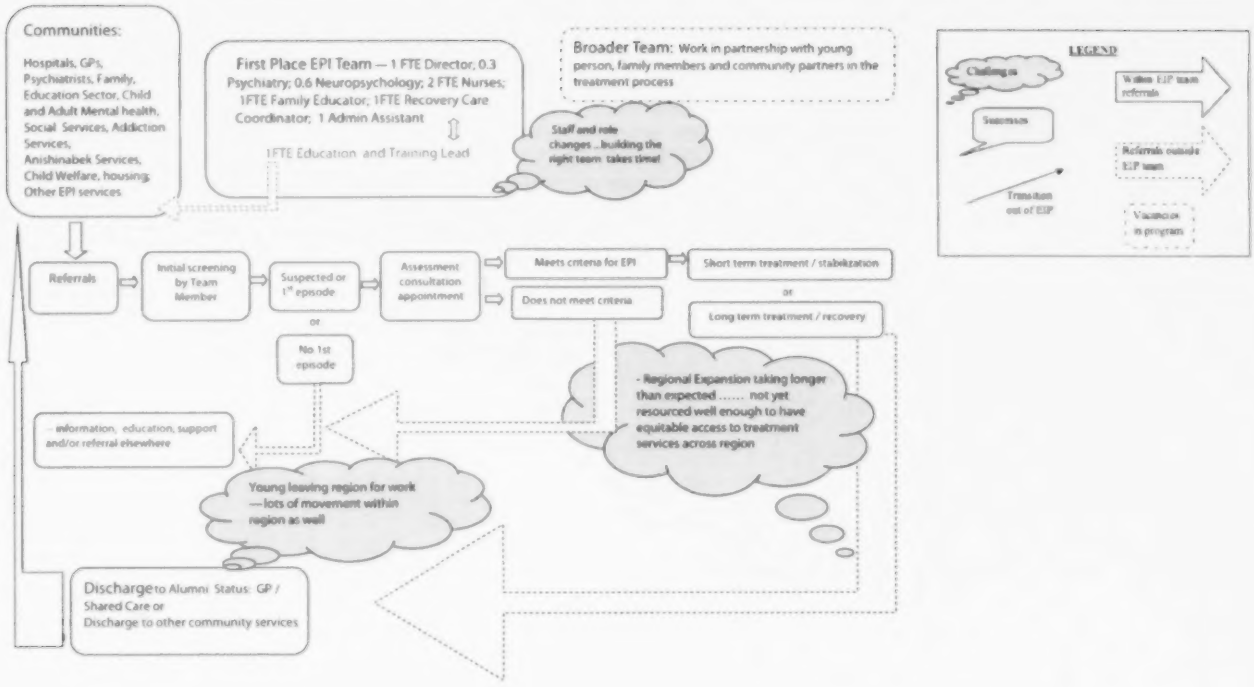
The important successes include the partnerships established with local and regional mental health providers. Also, First Place has a skilled and collegial clinical team that has engaged youth and families to achieve clinical goals of the program.

TABLE A. Early Intervention Program Descriptions.

Characteristics	Programs					
	Thunder Bay	Peterborough	Parry Sound	Windsor	York	Toronto
Source of Funding for Psychiatrist	• Separate funding arrangement with St. Joseph's Care Group • Dr. Cheng is currently on mat leave. While on leave, program sessional money used to cover a psychiatrist 2 days a week. The money from mat leave covers another psychiatrist one	• Core/base budget +OHIP billings			• Core/base budget	• Core budget + OHIP billings
Type of Funding for Psychiatry	• Sessional and some salary	• Core/base budget +OHIP billings, fees for training, education			• Hourly wage	• Sessional + OHIP billings
Amount of FTE time for psychiatry	• 0.5 – clinical only; 16 and up	• 2 days/month in 5 sites, plus lead psychiatry role			• 12 hours/week (current) • 17 hours/week (projected for Oct 07)	• FTE sessional • 0.9 FTE OHIP
Is Psychiatry position filled?	Yes, but on maternity leave	Yes	No	Yes	Yes	Yes
Formal links with other programs that help provide services	• Dilico Ojibway Child and Family Services • Children's Centre Thunder Bay • CMHA Thunder Bay programs • Thunder Bay Regional Health Sciences Centre • St. Joseph's Care Group • Alpha Court • Developing more linkages with adult psychiatry • Partnerships with recreational facilities	• Eight agencies are signatories to the Memorandum of Understanding outlining shared responsibilities for governance, program operation and service delivery.	• Northeast Regional Early Intervention Program • Simcoe-Muskoka Early Psychosis Intervention Program	• Community Health Care Centre • Dietician • MD • Nurse Practitioner • Therapist • CMHA programs • Mental Health connections	• 3 Major hospitals • Crisis program • LOFT Community Services/Crossing Housing Support	• No formal links. Non-formal links are: • Covenant House • New Outlook • Family medicine program at St. Michael's Hospital • The program has joined in a formal lease agreement with Covenant House. The program will be moving on-site to Covenant House in the next month.

Thunder Bay Early Intervention Program (EIP)

First Place Clinic & Resource Centre



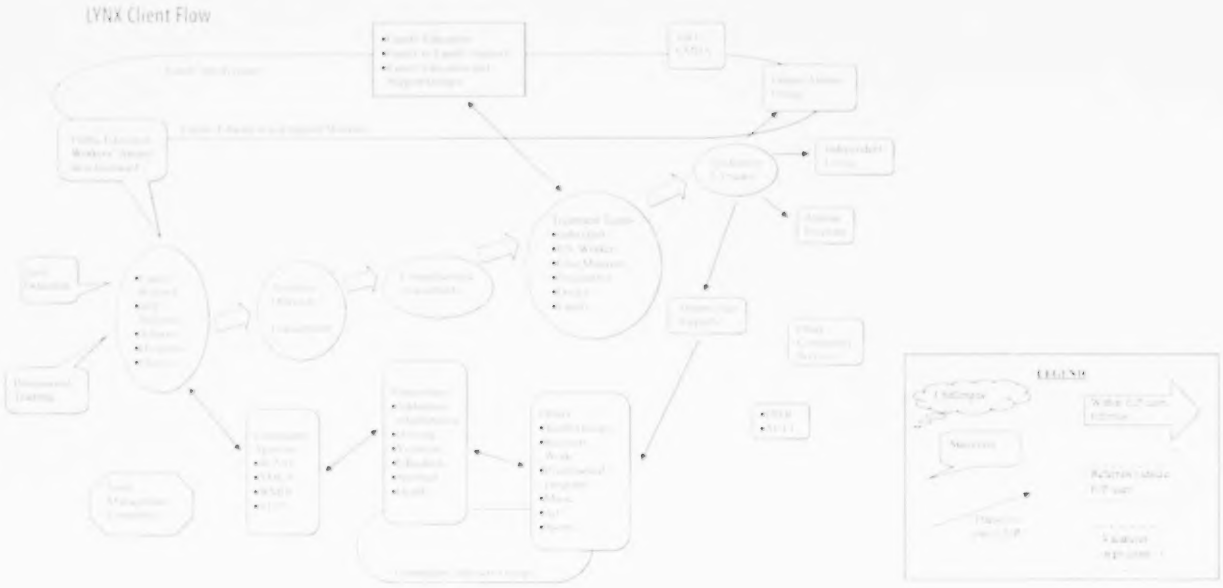
Northwest Region Early Psychosis Intervention Program

First Place (Thunder Bay Early Intervention Program)

The challenges in program development at First Place included servicing a vast geography with varying stakeholder needs. The challenge of balancing needs in Thunder Bay and the service needs in the region were illustrated by the demand for service before the clinical team was ready. Staff were asked to have a wide range of clinical skills servicing clients' age span from childhood to adulthood.

The important successes include the partnerships established with local and regional mental health providers. Also, First Place has a skilled and collegial clinical team that has engaged youth and families to achieve clinical goals of the program.

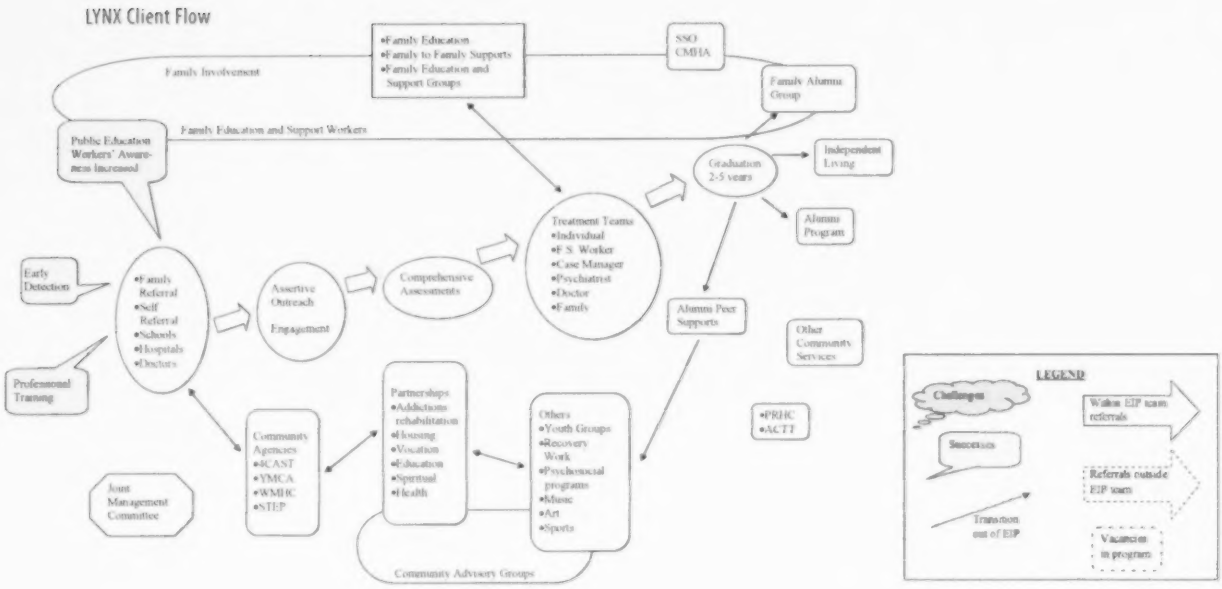
Peterborough Early Intervention Program (EIP)



LYNX Program

LYNX (Peterborough Early Intervention Program)

Peterborough Early Intervention Program (EIP)



LYNX (Peterborough Early Intervention Program)

The challenge faced by LYNX in program development was delivering services across four counties with half the funding and resources. The incremental increases in funding created challenges in delivering service, until three years after the start of the program, when LYNX reached the full funding complement.

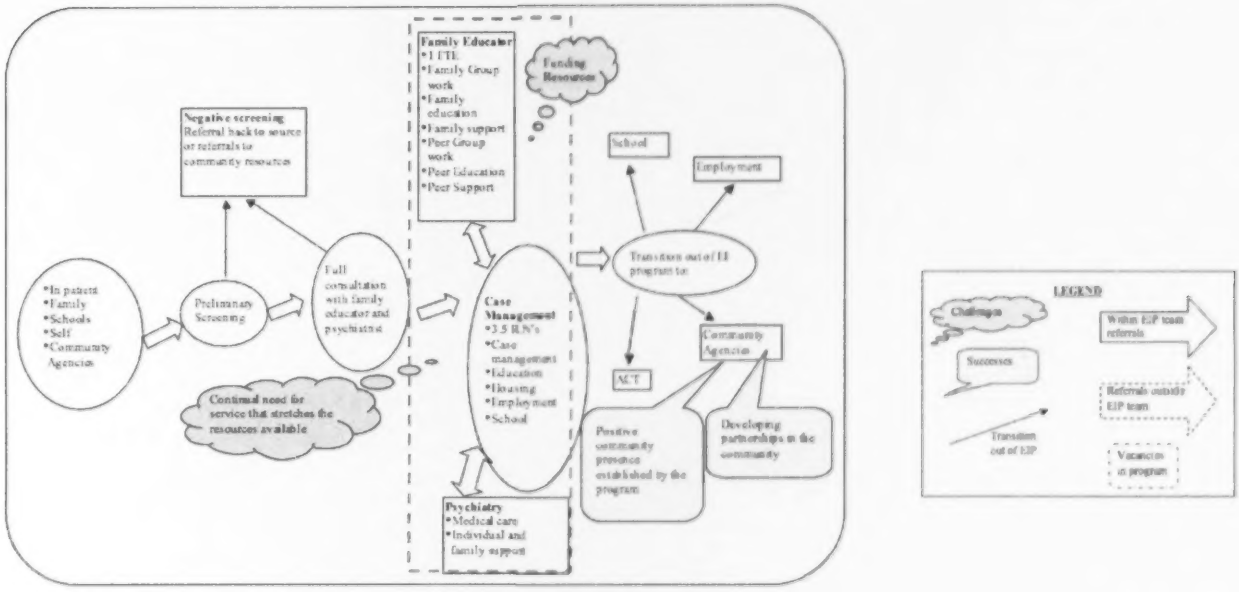
The main success of LYNX is the collaboration and partnerships among eight agencies across four counties. These partnerships delivered quality clinical service with high degree of early identification and prevention of hospital admissions.

LYNX Program

Muskoka Parry Sound Early Intervention Program (EIP)

Windsor Early Intervention Program (EIP)

Windsor Region Client Flow Chart



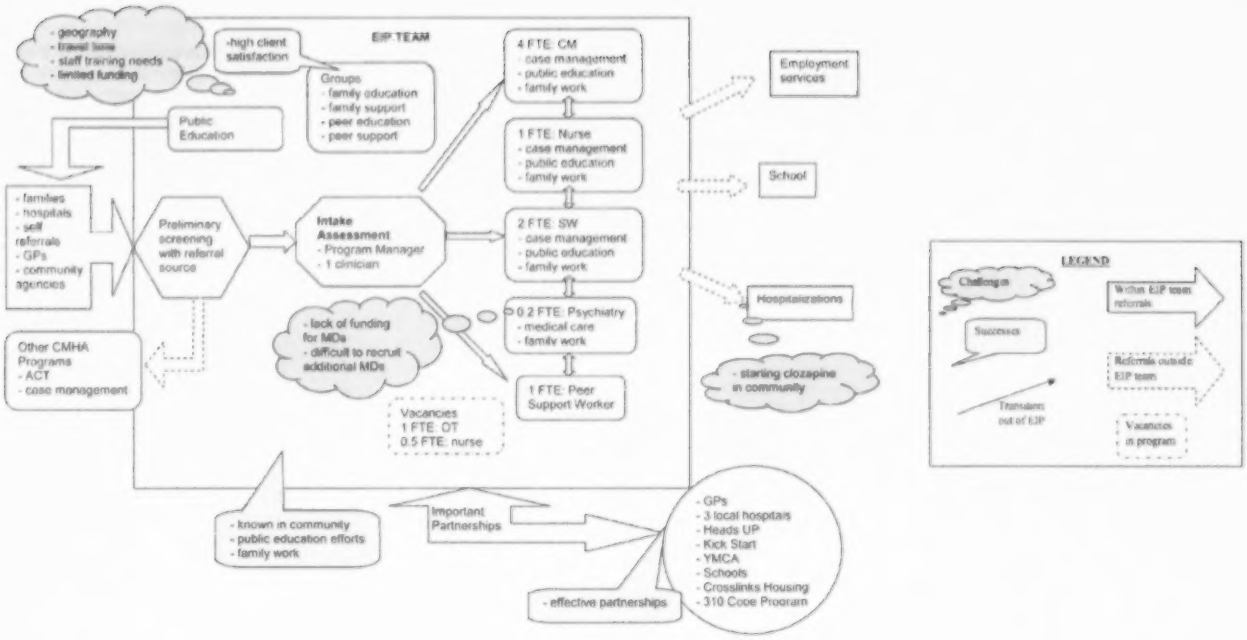
Windsor Early Intervention Program

The main successes are the developing partnerships in the community and the positive community presence that the program has established.

One of the challenges is the continual need for service that stretches the resources available.

CMHA - York Region Early Intervention Program (EIP)

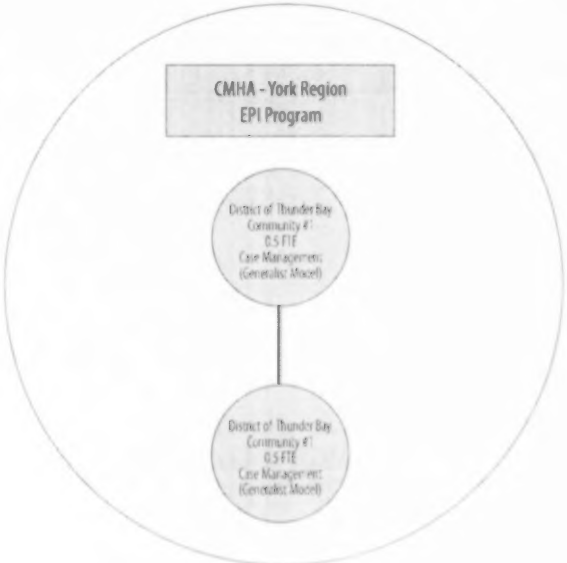
York Region Client Flow Chart



CMHA (York Region Early Intervention Program)

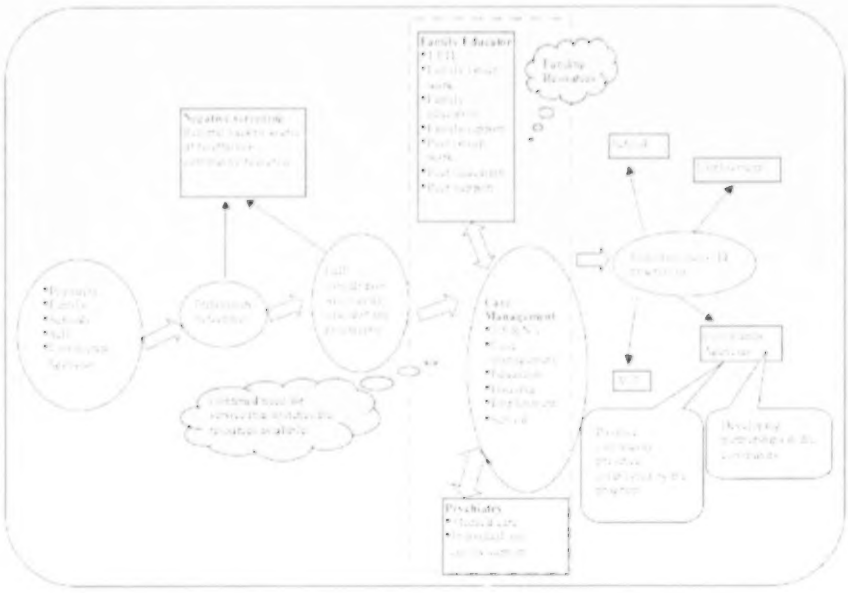
The main challenges faced by CMHA-York Region in EIP development were providing adequate training for new staff, lack of funding for psychiatry and difficulty with recruitment of additional psychiatry time, and dealing with both urban and rural geography.

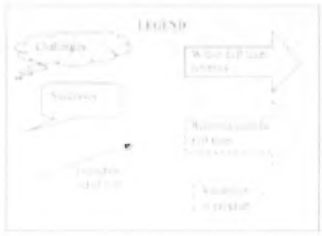
The main successes were the partnerships and positive community presence that this early intervention program established. This was in part, due to public education efforts, groups provided for clients, family education and support.



Windsor Early Intervention Program (EIP)

Windsor Region Client Flow Chart

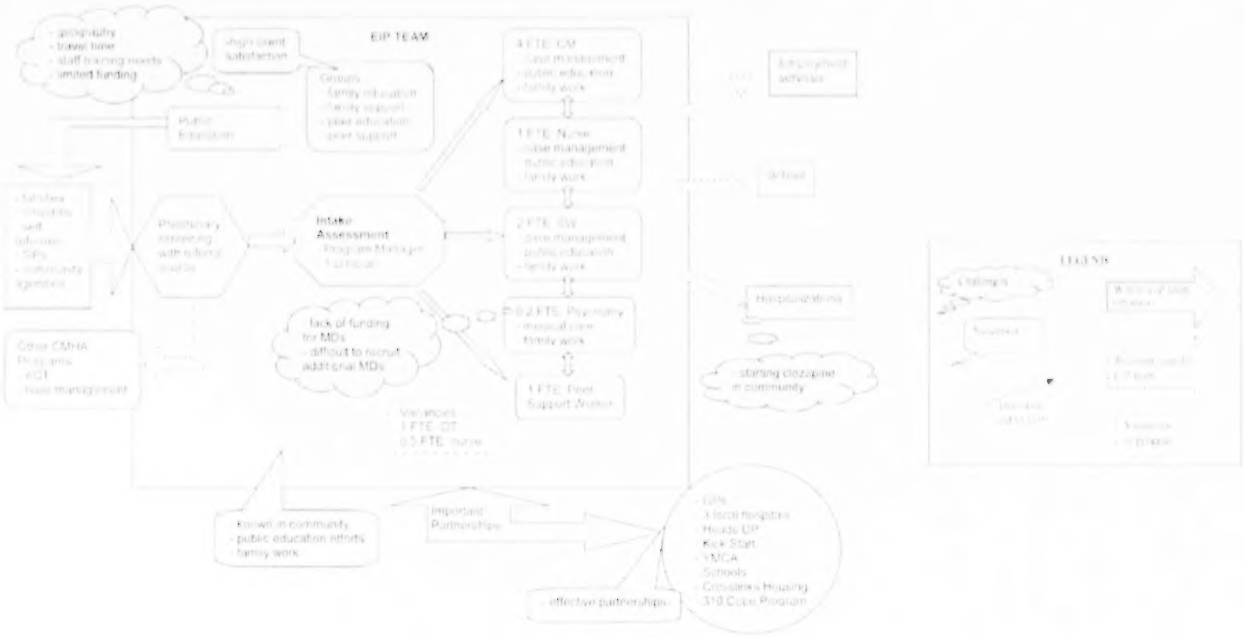




Windsor Early Intervention Program

CMHA - York Region Early Intervention Program (EIP)

York Region Client Flow Chart

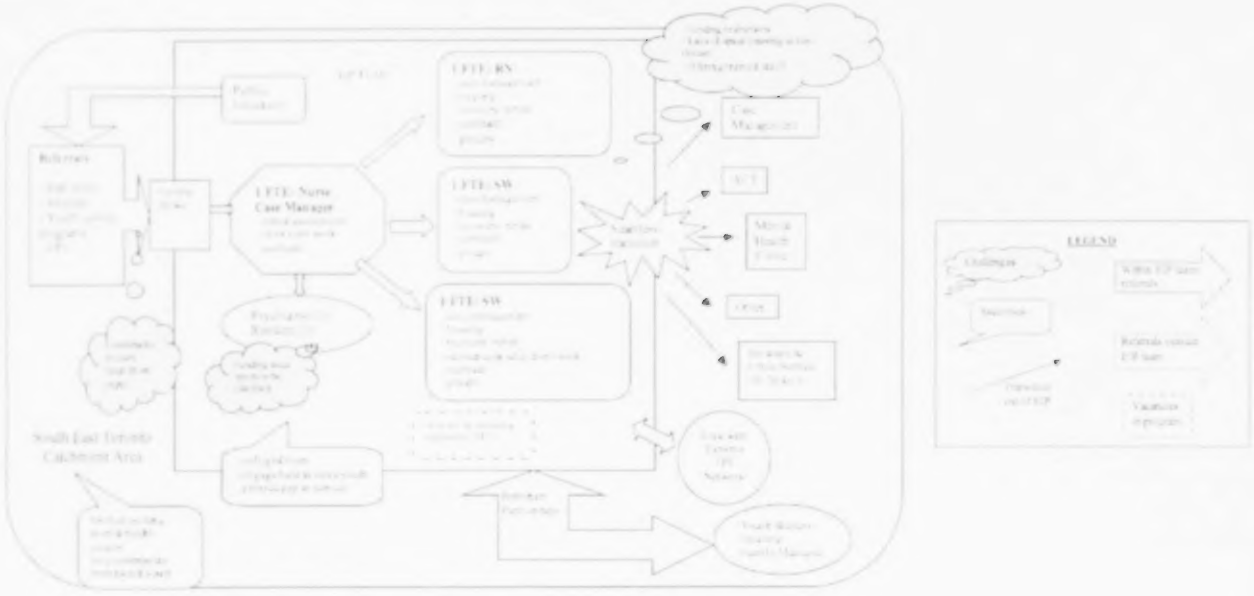


CMHA - York Region
EPI Program

CMHA (York Region Early Intervention Program)

Toronto Early Intervention Program (EIP)

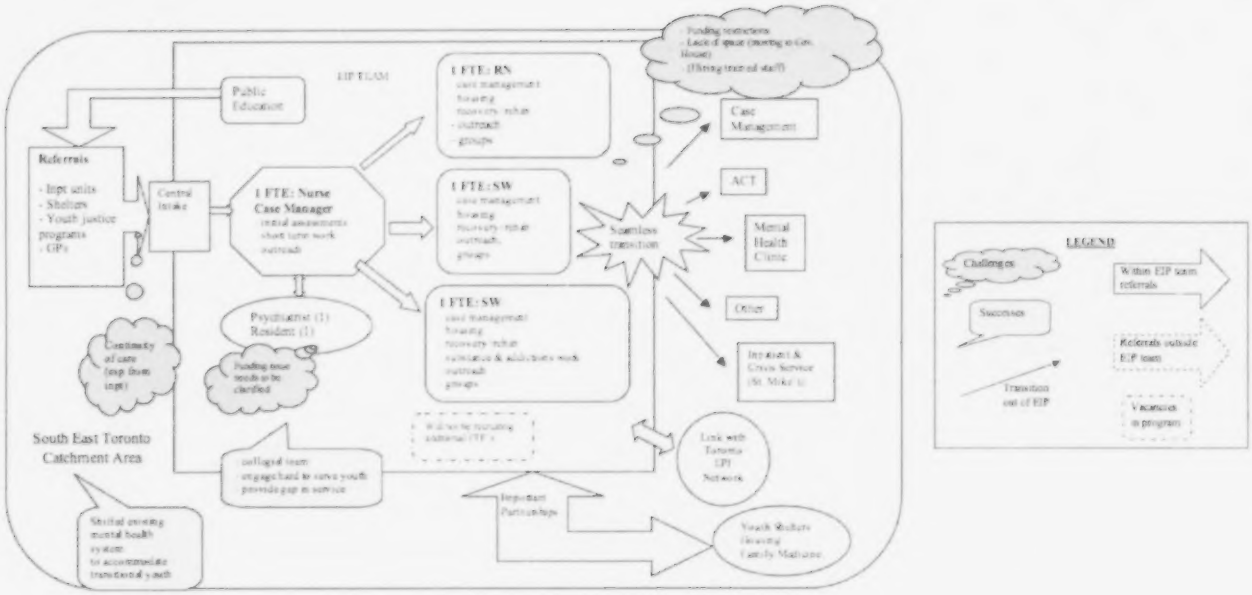
STEPS Client Flow Chart (Vision for 2007-2008)



STEPS (Toronto Early Intervention Program)

Toronto Early Intervention Program (EIP)

STEPS Client Flow Chart (Vision for 2007-2008)



STEPS (Toronto Early Intervention Program)

The main challenge faced by STEPS was program development without established guidelines or standards for EIP in Ontario. The funding restrictions and incremental increases created challenges in planning for physical space, hiring appropriate number of staff, lack of funding for psychiatry and training for new staff.

The important success of STEPS was being able to shift an existing mental health system to accommodate and provide service for hard-to-serve transitional age youth. The STEPS team is very collegial and cohesive, and has attracted learners to train in EIP.

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Brian Mitchell (Peterborough)

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Funded by:

The Ontario Mental Health Foundation

Program Partners

CMHA Hamilton

Muskoka Parry Sound Community Mental Health Services

The Lynx Early Intervention Psychosis Program, Peterborough

CMHA Peterborough

CMHA Thunder Bay

CMHA Toronto

CMHA York

CMHA Windsor

St. Michael's Hospital, Toronto

SEEI Partners

Ministry of Health and Long-Term Care

Centre for Addiction and Mental Health

Canadian Mental Health Association – Ontario

Ontario Federation of Community Mental Health and Addiction Programs

Site Interviewers and Program Supports

HAMILTON

Wave 1	Wave 2	Wave 3
	Jayson Keegan	Jessica Pong
	Kate Layard	Patrick Riley
	Patrick Riley	

PARRY SOUND

Wave 1	Wave 2	Wave 3
	Marghita Austin	
	Elizabeth Harper	

PETERBOROUGH

Wave 1	Wave 2	Wave 3
David Barkley	Lynn Baribeau	David Barkley
Alissa Bellwood	David Barkley	Mae Hill
Janet Bennett	Wendy Braund	Melissa Lichtman
Barbara Burns	Barbara Burns	Amber Ward
Heather Davidson	Angela Chambers	Cindy Ward
Greg Hammill	Jennifer Coulson	
Scotty Keast	Robin English	
Melissa Lichtman	Brooke Lacey	
Treena Maxwell	Melissa Lichtman	
Cindy Ward	Marie Sullivan	
Gayle Wolfslast	Cindy Ward	

THUNDER BAY

Wave 1	Wave 2	Wave 3
Ken Boegh	Ken Boegh	Ken Boegh
Carmen Dore	Carmen Dore	Lillian Erickson
Freda Karioja	Lillian Erickson	Freda Karioja
Linda Stewardson	Freda Karioja	Linda Stewardson
Lee Tracz	Linda Stewardson	Lee Tracz
	Lee Tracz	

TORONTO

Wave 1	Wave 2	Wave 3
Michele Caveen, MSc	Michele Caveen, MSc	Blair Burton
Kate MacDonnell	Michael Falikowski	Wayne deRuiter
Brenda Glenns, MHSc	Alana Loewenberger	Sarah Landau
Frances Morton, MHSc	Lawrence Martis	Desmond Loong
Edwin Ng, MSc	Skye Mitchell	Skye Mitchell
Melanie Ollenberg	Yoko Tsuyuki	Lucy Trojanowski
	Angela Yip	Angela Yip
		Natalia Zaslavska

WINDSOR

Wave 1	Wave 2	Wave 3
Al Bellofine	Barb Blain	Gary Fraser
Barb Blain	Gary Fraser	Shelby Gloude
Shelby Gloude	Shelby Gloude	Tammy Lewis
Denise Jackson	Tammy Lewis	Ruth Libby
Hong Zhou	Ruth Libby	Ann-Marie Simpson
	Ann-Marie Simpson	Kerrie Simpson
	Kerrie Simpson	

YORK

Wave 1	Wave 2	Wave 3
Markku Karpinnen	James Amodeo	Doris Moneweg
Doris Moneweg	Doris Moneweg	